

Bescheinigung PJ im Ausland

Seal of the teaching hospital

Certificate concerning practical training

The Student of Medicine: _____

Date of birth: _____

Place of birth: _____

has regularly taken part in training under my supervision at the following institution:

(Name of specialty)

Duration of the education: from: _____ to: _____

Missed days of education: from: _____ to: _____

This training included the following (more space on reverse side to continue):

The hospital the training has been located is a Teaching Hospital of the Medical Faculty of:

(Name of the University)

We hereby confirm that during the stay, the medical student had the same rights, responsibilities and duties as a regular medical student of the apprenticing University on clinical placements. Additionally we confirm, that the student was able to communicate with staff and patients.

(Date, Place)

(Signature of the physician in charge of the medical education)