

Certificate concerning practical clinical experience

The medical student _____ born on
_____ in _____,

underwent practical clinical experience

from _____ until _____

hours in total _____

under my supervision in the institution stated below.

During this time, the student particularly worked in the following fields:

The training

-was interrupted from _____ until _____.

-was not interrupted. / Location _____ date

The student underwent practical clinical experience in a/an

-institution of ambulant medical treatment

-stationary institution of the hospital

Place, date

Name of institution, with a seal in the event of a public office, otherwise a stamp

Name and contact (Tel. / e-mail of the instruction physician)

Signature(s) of the instructing physician(s)