

Practical course certificate

Name of the Trainee:

(Name, Surname).....

born on..... in.....

participated

from.....to.....

in a medical practical course under my supervision and guidance.

Total duration of course(full days) [alternatively:.....(hours)]

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

.....

The practical course was

interrupted fromto.....

not interrupted.

The student passed a practical / written / oral examination with the following grade:

1 2
unsatisfactory

3 4
satisfactory

5 6
good

7 8
very good

9
excellent

(Signature).....(Date)...../...../.....

.....
Name of the institution/ Stamp