

**Internship Certificate**  
for the Bachelor's degree course (B. Sc.)  
in Health Care & Nursing

Herewith we confirm that the student \_\_\_\_\_  
has completed the following internship **between the 6th and the 7th semester** at our institution  
(please mark with a cross):

- Internship within the elective module Clinical expertise/Research and practice**
- Internship within the elective module Management**
- Internship within the elective module Education**

Period of the internship from \_\_\_\_\_ until \_\_\_\_\_

Hours per week: \_\_\_\_\_

**Details of the placement institution:**

\_\_\_\_\_  
Name of the placement institution, department or division

\_\_\_\_\_  
Full postal address

\_\_\_\_\_  
Contact person for the internship: name, roll, and phone number

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature of the contact person, institutional stamp