

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 4th and the 5th semester** at our institution
(please mark with a cross):

- Internship within the elective module Clinical expertise**
- 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