

**C e r t i f i c a t i o n**  
**about a practical nursing**

(Zeugnis über den Krankenpflegedienst)

Surname, given name \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Has done a practical nursing under my supervision in the **hospital** mentioned below

This exercise comprised the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration of the practical nursing: from \_\_\_\_\_ to \_\_\_\_\_

The exercise has been interrupted:

- no
- yes, from \_\_\_\_\_ to \_\_\_\_\_

City, date \_\_\_\_\_

Name of the hospital \_\_\_\_\_ mark/seal of the hospital

\_\_\_\_\_

Signature of the responsible trainee-supervisor \_\_\_\_\_