

CERTIFICATE
on patient care training

Student name:	born:
from (home faculty):	

has attended patient care training under my supervision at _____
Name of Hospital

<u>Dates of attendance:</u>	
from _____	to _____

<u>Interruptions:</u>	
<input type="checkbox"/> no	
<input type="checkbox"/> yes: from _____	to _____

<u>The training has been done on a ward of the following clinical department/unit:</u>
<u>The student has been introduced into the following patient care activities:</u>

seal/stamp

Place, date

Name of hospital

Signature Head of Nursing Staff