

Internship certificate for the Master's degree course (M.A./M.Sc.) in Healthcare & Nursing

The student _____
taking the following degree course (please mark with a cross):

- Master's degree course Education in Healthcare & Nursing (M.A.)
- Master's degree course Management in Healthcare & Nursing (M.A.)
- Master's degree course Clinical Expertise in Healthcare & Nursing (M.Sc.)

has completed an internship at our institution.

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, function, and phone number

Place, Date

Signature of the contact person, institutional stamp