

ZEUGNIS über die Famulatur Clinical Clerkship Certificate

| Personal data | |
|----------------|--|
| name | |
| first name | |
| date of birth | |
| place of birth | |

gathered experience in the following institution under my supervision and guidance as a trainee after he/she passed the examination in pre-clinical studies successfully.

| |
|--|
| |
|--|

(specification of the institution)

Duration of training:

| | |
|------|----|
| from | to |
|------|----|

During this time the student has mainly been involved with activities in the field of:

| |
|--|
| |
|--|

| Times absent: | |
|------------------------------|----|
| <input type="checkbox"/> no | |
| <input type="checkbox"/> yes | |
| from | to |

(Place, date)

(Signature of the instructing physician)
Practice stamp / Seal