

**CERTIFICATE**  
**on patient care training**

Student name:	born:
from (home faculty):	

has attended patient care training under my supervision at \_\_\_\_\_  
*Name of Hospital*

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

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

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

*seal/stamp*

\_\_\_\_\_  
*Place, date*

\_\_\_\_\_  
*Name of hospital*

\_\_\_\_\_  
*Signature Head of Nursing Staff*