

CERTIFICATE on patient care training

Students data			
Name, first name			
Date of birth		Place of birth	

has attended patient care training under my supervision at

Name of hospital and clinical department / unit

Duration of training	
from	to

Times absent	
no	
yes, from	to

The student has been introduced to the following patient care activities:

seal / stamp

(Place, date)

(Signature head of nursing staff)