

C E R T I F I C A T I O N
CONCERNING PRACTICAL OBSERVERSHIP

Medical student: _____

born on: _____ in: _____

has gathered experience in the institution mentioned below, under my supervision and guidance as a practical trainee

during the period from _____ until _____

During this time she/he has mainly been involved with activities in the department:

Her/his activity was performed in full-time and solely in cases of

- hospital treatment (training on ward)
 ambulant treatment (out-patient treatment)

The training has not been interrupted

The training has been interrupted

from _____ until _____

Place

Date

(Institution; seal in case of public institution)

Supervisor's signature

To be filled in by the Medical Faculty Aachen

Diese Famulatur kann nach § 7 Abs. 2 ÄAppO als

- Praxisfamulatur
 Krankenhausfamulatur

mit einer Dauer von _____ Tagen anerkannt werden.