

This form should be uploaded on Coospace as a Coospace Task!

2023/2024 academic year 2nd semester

Certificate of Completing Clinical Practice

Please fill in with block capital letters!

Name of the student/ NEPTUN code:

Study Program: Nursing and Patient Care Major, Physiotherapist Specialisation, Full-time training

Name and code of the clinical practice:

Name of the institution (where the clinical practice is held):

.....
.....

Address of the institution (postal code, place, street etc.):

.....

Chief director of the institution:

Date of the clinical practice (from - to):

.....

altogether:.....weeks.....hours

In the case of several practice leaders please give the data of each of them. (name, phone, email, stamp number)

Name of the clinical practice leader:.....

Phone number of the clinical practice leader: **email address:**

Stamp number / registration number of the clinical practice leader:.....

Name of the clinical practice leader:.....

Phone number of the clinical practice leader: **email address:**

Stamp number / registration number of the clinical practice leader:.....

Name of the clinical practice leader:.....

Phone number of the clinical practice leader: **email address:**

Stamp number / registration number of the clinical practice leader:.....

Name of the responsible tutor of the course in the Faculty: Dr. Éva Kádas

Date:.....

Stamp:

.....

Signature of the clinical practice leader

Please submit this certificate on the Coospace scene of the practice as a Coospace TASK the day after completing the practice!

Please keep in mind that your grade will be registered in Neptun only after fully completing and uploading this certificate on Coospace!