

## **Nursing service certificate**

**Last name, first name:**

**Date of birth, place of birth:**

**Student ID number:**

Within the framework of dentistry training, the student named above has completed the nursing service under my supervision at the hospital or rehabilitation facility stated below.

**Duration of the nursing service:**

**From:**

**to:**

**The training was interrupted:**

**No**

**Yes**

**from:**

**to:**

Name of the hospital/rehabilitation facility:

The hospital/rehabilitation facility stated above is an in-patient facility and the student was introduced to the operations, organisation and duties of nursing care. These include, e.g. participation in ward rounds, temperature and blood pressure measurements, patient care or the taking of blood samples.

Place, date:

Seal/stamp:

Signature of the nursing care management: