

This form should be submitted in MODULO!

20..../20....academic year.....semester

Certificate of Completing Clinical Practice

Please fill in with block capital letters.

Name of the student:.....

Study Program:.....

Name and code of the clinical practice course:.....

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
(eg.: 2021.10.01 – 10.12.)

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

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

.....

Date:.....

.....

Signature of the clinical practice leader

Stamp

Please submit this certificate via Modulo together with the Evaluation sheet within 1 week after completing the practice.

Please keep in mind that your grade will be registered in Neptun only after the fully completed certificate and evaluation sheet is submitted in Modulo!