

CONFIRMATION OF SUCCESSFULLY COMPLETED CLINICAL TRAINEESHIP



**JOHANNES KEPLER
UNIVERSITÄT LINZ**

Student ID Number						

Study Code (SC)				

Last Name:	First Name(s):

Date of Birth:		
day	month	year

Clinical Traineeship ¹ from:			to:		
day	month	year	day	month	year
Number of days worked:			Number of working hours:		
Discipline/Specialisation:					

Hospital name:	
Hospital address:	
University Clinic/Department:	Head of University Clinic/Department:
Inpatient ward: <input type="radio"/> YES <input type="radio"/> NO (Please tick the box!)	

Additional remarks:

Application to be credited as:	
<input type="radio"/> Mandatory Clinical Traineeship	<input type="radio"/> Elective Clinical Traineeship
Application to be credited for:	
<input type="radio"/> 1 week (1,25 ECTS)	<input type="radio"/> 2 weeks (2,5 ECTS)
<input type="radio"/> 3 weeks (3,75 ECTS)	<input type="radio"/> 4 weeks (5 ECTS)

Place, Date

Signature and official stamp
Head of University Clinic/Department

¹ Traineeship in accordance with the Austrian Medical Practitioners' Act § 49 Para. 4.