



CERTIFICATE
performed voluntary work
for students of year I.-V.

Place of voluntary work:

Clinic/ Hospital:

.....

Department:

.....

Name of student:, year:,

mother's name:, date of birth:,

I certify as a representative of the institution above that the student performed voluntary work from
..... 2020 to2020 by working hours per day.

Brief description of the voluntary activity:

.....

.....

.....

Date:

Readable name of the person who issues the certificate:

title:

signature:

Place of the stamp of the institution:

Proposal of the head of the educational organizational unit:

(The relevant part should be underlined)

I suggest that the voluntary work certified above be recognised as part of the Nursing or Internal
Medicine or Surgery summer internship or the Ambulance service internship (for a 5th grade
student) as of..... week(s).

Other comments and suggestions:

Date:

L.s. signature:

Decision of the Dean:

1) I agree with the proposal of the accreditation above.

2) I agree with the proposal of the accreditation above with the following amendment:

.....

.....
Date:

L.s. signature:

