

**Certificate of the Practice Provider for Professional Training Studies and
Professional Internships**

.....
(Name and address of the Institution and the Provider)

Mrs/Mr

Matriculation number

has from **to**

his / her Professional Training Studies/Professional Internship

in the range of **hours**

in

(Name of the Practice Provider)

successfully completed.

The supervisor was:

.....

(Name and Qualification)

Objectives and contents during the vocational studies were:

.....

Date, Signature of the Practice Provider