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| 實習證明書 | |
| 茲證明○○○○○大學○○○系學生○○○，出生於○○○○年○○月○○日，自○○○○年○○月○○日至○○○○年○○月○○日止，於本院擔任牙醫實習醫學生，並完成醫院實習課程。 | |
| |  | | --- | | 實習暨聯合訓練中心  核章  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| ○○○○年○○月○○日  Certificate of Internship  This is to certify that NAME, born on XX/XX/XXXX, has completed the internship program in Department of ‎Dentistry at Changhua Christian Hospital during the period fromXX/XX/XXXX to XX/XX/XXXX.  Issuer : Changhua Christian Hospital  Internship and training Center  Date of issue: XX/XX/XXXX | |