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| 實習證明書 |
| 茲證明○○學校○○○科系學生○○○，出生於○○/○○○/○○○○，自民國○○○年○○月○○日至○○○年○○月○○日止，於本院○○單位擔任實習生，並完成醫院實習課程。 |
| |  | | --- | | 教 學 部  核 章  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 中華民國○○○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 XXX at Changhua Christian Hospital during the period from XX/XX/XXXX to XX/XX/XXXX.    Issuer : Changhua Christian Hospital  Department of Education  Date of issue: XX/XX/XXXX |