
(Name of the training institute)

**Certificate
on practical Training in an Elective Placement**

The student of veterinary medicine _____
(First name and surname)

completed practical training in the elective placement in accordance with Section 60
of the Ordinance concerning the Certification of Veterinary Surgeons

in _____
(name of the training institute)

in the period from _____ to _____

In particular, the training covered the following activities:

Over _____ hours in _____ weeks he/she had the opportunity to deepen,
broaden and practically his/her knowledge in the above-mentioned fields.

(Seal or stamp)

_____, (date) _____

(Signature of the training veterinary surgeon)