



Certificate

Practice (name)

Student name

Student neptun code

Physiotherapy class
Msc
Institute of the
practice
.....
.....
.....
.....

Date of the practice 202.....year month.....day to
202.....year.....month.....day

I hereby certify that part of the practice
.....
.....(name) student took part of the practice

Offered grade

..... PH.
sign
Date:
20.....