

# Certificate of teaching language

We hereby confirm that the medical student of the University of Cologne

|                        |  |
|------------------------|--|
| <b>Name:</b>           |  |
| <b>First name(s):</b>  |  |
| <b>Date of birth:</b>  |  |
| <b>Place of birth:</b> |  |

has completed the following practical training under my supervision:

|                           |  |
|---------------------------|--|
| <b>Period of training</b> |  |
| <b>Department</b>         |  |
| <b>Name of Hospital</b>   |  |
| <b>Name of University</b> |  |

We also confirm that English is the language of instruction (in addition to the official language \_\_\_\_\_) at our hospital \_\_\_\_\_ and that the student had sufficient language skills to complete the elective without any obstacles.

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(location, date)

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(Signature of the competent medical superintendent)

(Seal)