



**LUND UNIVERSITY**  
Faculty of Medicine

**Education Board for Nursing Sciences**

## **Certificate of Participation – Nursing/Radiography in an International Perspective**

(To be filled out by student)

Clinical placement, name of hospital or similar:

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Name of supervisor/contact person:

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Period of clinical placement:

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Comments:

I hereby certify that the student has successfully participated in the clinical placement required within the course Nursing/Radiography in an International Perspective, 15 credits

Date and place:

Signature/Printed Name

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Student/Date of Birth

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Supervisor/ Contact person  
(same as above)