

Internship certificate

For a professional practical activity according to the requirements of B.Sc. Psychology at Friedrich-Alexander-Universität Erlangen-Nürnberg and PsychThApprO (*licensing regulations for psychotherapists in Germany*)

Mrs./Mr. _____,

date of birth: _____, completed an internship

during the period from _____ to _____ in our facility

(Name and adress of the facility)

Orientation internship

The internship took place in an **interdisciplinary health care facility** or in other facilities where counseling, prevention or rehabilitation is carried out to maintain, promote and restore mental health.

The internship included, among other things,
(see § 14 PsychThApprO):

- Gaining initial practical experience in general areas related to health and patient care,
- Learning about professional ethical principles as well as institutional, legal and structural framework conditions of patient care,
- Insights into the basic structures of interdisciplinary cooperation as well as structural measures for patient safety.

The internship had a duration of at least 4 weeks full-time (= 160 hours).

Name of Supervisor

Place, date, signature of supervisor or facility management,
company stamp