

Matr.Nr.: 1625213

CLERKSHIP CERTIFICATE

This is to certify, that				
Mr/Mrs CHING-HUANG, LIN				
First name Last name				
born <u>8</u> / 19 / 1991. month day year				
participated in a clerkship				
from $\frac{10}{\text{month}} \frac{3}{\text{day}} \frac{2016}{\text{year}}$				
to $\frac{10}{10} / \frac{30}{206}$				
at: Hospital: AKH				
Department: Plastic Surgery Department				
Town: Vienna				
State: Austria				
The student was trained in the following clinical skills:				
□ taking the medical history □ physical examination □ drawing blood from peripheral veins □ i.m. & s.c. injections □ others: ACTAMA → CLORUNG				
The student completed the clerkship with without success.				
Additional remarks:				
Supervising physician: MEDIZINISCHE Head of department: UNIVERSITÄT WIEN Date, name, and signature CHJ. TZOU PLASTISCHE CHRURGIE TG9800 P4292 Seal TZOU Seal TZOU CHIRURGIE TG9800 P4292 TZOU TZO				
Spitalgasse 23, Å-1090 Wien Tel: +43 1 40 160 - 21000 Fax: +43 1 401 60 - 921 000				

Clerkship Certificate

Mr.	Ching-Huang First name	LIN Last name	Registration number
Born on	$\frac{19}{\text{Day}} \frac{/08}{\text{Month}} \frac{1991}{\text{Year}}$	Last lidilic	Registration number
Has performed	a clerkship in <u>neuros</u>	urgery	subject
from	$\frac{31}{\text{Day}} / \frac{10}{\text{Month}} / 20$		
to	$\frac{23}{\text{Day}}/11/20$	16	
in:			
Name of institution General Hospital Department of N		ment)	
Contact address Waehringer Gu 1090 Vienna Austria Tel. 00431 / 40	ertel 18-20		
Head of institut Univ.Prof.Dr. I	ion (department/divis E. Knosp	ion)	
Name of superv Dr. Wei-te War			
The student has	s completed the clerks	hip with success.	
Additional rem	arks:		
Head of Depart	ment:		Seal
	W. A. 1600		
23.11.2016, Univ	.Prof.Dr. E. Knosp	encorrection of the control of the c	niv. Klinik f. Neurophirurgio
Date, Name, Sign	ature	Allgemeines Krenkenhaus Vol der Stedt Wien Modifielierer	reland: Univ. Prof. Dr. Esgelbert Knosp Währinger Gürtel 10-30