

Sender  
(Placement provider)

Evangelische Hochschule Berlin (EHB)  
Placement office  
Postfach 370255  
14167 Berlin

**Placement Certificate**  
- Studiengang B. Sc. of Midwifery -

**We herewith confirm, that**

The student \_\_\_\_\_, date of birth \_\_\_\_\_

Has successfully completed a placement in accordance with § 2 of the Placement Regulations governing the Bachelor's Degree in Midwifery at the EHB, which fulfilled the required duration of \_\_\_\_\_ weeks

At the following placement facility:

\_\_\_\_\_

The student was absent for \_\_\_\_\_ days as a result of illness.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Organisational stamp

\_\_\_\_\_  
Placement supervisor's signature