

Certificate of Internship

This is to confirm that the student:

Name and surname:

Lucja Pochron
.....

completed an internship at our workplace:

Place of internship:

Soite, dermatology department
.....

Length of internship:

8.8.21.8.2022
.....

Evaluation:

(Please specify the procedures which the student performed on their own and which they assisted in, their theoretical background, their attitudes to both patients and other health professionals, and your personal observations, if possible)

Lucja Pochron was attended in outpatient dermatology clinic. She participated also in various treatment: light treatment, photodynamic treatment, CO2 laser treatment, skin biopsy for histology and for immunofluorescence. During the internship, she performs cryotherapy and skin biopsy. Lucja took part in disaster operations a few evenings.

Lucja was active and she was very eager to participate in all procedures in the clinic

Tutor: ...Ph.MD Renata Kaminska, dermatology.....

Signature: .....

E-mail address: renata.kaminska@soite.fi

| Date: 22AUG2022