

Certificate of Internship

This is to confirm that the student:

Name and surname:

Joan, Tan Jo An

completed an internship at our workplace:

Place of internship:

Lee Women's Hospital

Length of internship:

8/7/2023 ~ 21/7/2023

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)

During her clerkship in Obstetrics and Gynaecology, Dr. Tan performed very well. She has good clinical knowledge, and has a responsible and positive learning attitude. I believe Dr. Tan will become an excellent

physician in the future!

Tutor:

Signature:

E-mail address:

Date:

Lin, Yu-Hsiang

Lin, Yu-Hsiang

linyhphd@gmail.com

24/07/2023

