

Application for recognition of the internship in the degree program Health Informatics

To be completed by the student

Name, first name:

Student ID No.:

The internship can be recognized only if one of the following criteria is met.

The following supporting documents are enclosed:

Certificate

Other

**The recognition of the internship does not affect the completion of the
practice-oriented course (PLV)!!**

Date: _____

Signature of the student: _____

To be completed by the
internship representative

The internship will be recognized.

The internship will be partially recognized. ____ weeks still have to be completed.

The internship will not be recognized. Reason: _____.

Date: _____

Signature of the internship representative: _____

Criteria for the recognition:

- Minimum 2 years of work experience in a leadership role in the areas of software-development, systems administration or IT-project management or in medical-technical context:
The internship will be recognized.
- Completed training as a qualified IT specialist for application development or system integration, IT-Management assistant, electronic technician for information technology, communication- or system technology, medical documentalist, medical documentation assistant and medical technical assistant (MTA):
The internship will be recognized.
- Other minimum 2 year training in the areas computer sciences, information technology or medical technology:
The internship will be partially recognized. There are still 6 weeks to be completed.

Ruling