

## 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