

Confirmation: **Clinical Internships**

Program:	E <input type="radio"/>	KO <input type="radio"/>	C <input type="radio"/>	FSP <input type="radio"/>
Regulation:	i <input type="radio"/>	ch <input type="radio"/>		
Last Name, First Name				
Address				
Phone/Mobile			Email	

Clinical Internships (please indicate all clinical experience accredited by the Institute, before or during the Training AND attach a copy of the reference letter of the internship director)

Name and location of the clinic	Period from / to (exact dates)	Weeks	Hours	Signature of the clinic, date
Total weeks / hours -->				

A recognition from the C.G. Jung Institut does not guarantee that the country where you would like to work, will recognise your Internship.

Some countries ask that the Internship should be done during the time of your Studies. Please clarify your case so that you fulfill the requirements for the recognition in your country.

Place and date _____ Signature _____