**THIS IS TO CERTIFY THAT**

**${userName} (ID/PASSPORT ${idNo} )**

**HAS SUCCESSFULLY COMPLETED ${totalDays} DAYS FULL TIME CLINICAL INTERNSHIP IN ${speName}**

**AT**

**THE FIRST AFFILIATED HOSPITAL OF**

**GUANGZHOU UNIVERSITY OF CHINESE MEDICINE, CHINA.**

**Total hours: ${totalHours}**

**Approval No: President’s Signature:**

**Date: ${date}**