

CERTIFICATION

To Whom it May Concern

This is to certify that Miss/Mr _____ (student ID XXXXX) has completed her/his training in clinical laboratory sciences as medical technologist in _____ hospital from _____ to _____. She/he has completed a total of _____ hours of training as required for her/his BSc.

The training course in the hospital included the following departments: clinical biochemistry, clinical hematology, blood banking, urine and body fluid analysis, serology, microbiology, histopathology, endocrinology and phlebotomy.

Issued upon the request of Miss/Mr _____ for whatever purpose this might serve.

Signature

Signature

Dr. Suzan Matar
Training facilitator

Dr. XXXXXXXXXXXXX
Head of _____ department