



Students and young professionals who have completed an internship arranged through the EAHP-EPSA Internship Platform are entitled to a certificate of completion. In order to obtain the certificate, the intern needs to do the following:

1. Send the Intern Application Form to the EAHP Platform Coordinator when applying for an internship.
2. Send the Internship Agreement form to the EAHP Platform Coordinator after agreeing on the terms of the internship with the contact person of the hospital and after signing the page both by the hospital pharmacy contact person and the intern himself.
3. The intern fills in the Student/Young professional survey 1-2 weeks before completing the internship. Please find the survey [here](#) <sup>[1]</sup>.
4. EAHP Platform Coordinator creates a certificate for the intern based on the information the intern has provided in the survey.
5. Afterwards, the EAHP Platform Coordinator sends the certificate to the contact person of the hospital.
6. The contact person of the hospital approves the content of the certificate and signs it. EAHP Platform Coordinator needs to be contacted for any changes to be made in the document. After the certificate is finalised, the intern shall obtain the certificate from the contact person of the hospital at the end of his internship.

## Participant Surveys

There are two surveys open all year round on the EAHP website: one for the [student/young professional participants](#) <sup>[1]</sup> and one for the [hospitals](#) <sup>[2]</sup>.

The surveys are to:

- collect data about organised internships;
- get feedback about the EAHP-EPSA Internship Platform;
- collect information in order to issue the Certificates of Completion to the interns.

Feedback from the survey will be used for the development of the EAHP-EPISA Internship Platform, however all personal data will remain confidential. The information required to create the Certificate of Completion will be shared with the intern's hospital and other data will be compiled in the Platform reports for internal and promotional use.

**Before filling in the Student/Young professional survey, please make sure you have the following data available:**

- Name and surname of your mentor
- Name and surname of the contact person of the hospital
- Full name of the hospital and its address
- Period of the internship
- Activities you have been involved in during your internship

Last update: 10 December 2019

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#### **Links**

[1] <https://www.surveymonkey.com/r/BWK88LF> [2] <https://www.surveymonkey.com/r/BW2KNRC>