

## ATTESTATION OF TRAINING

THE ASSIGNEE WILL BE HELD RESPONSIBLE  
FOR ANY FALSE DECLARATION

TO BE COMPLETED BY THE CORPORATION / ORGANIZATION RECEIVING THE TRAINEE:

We the undersigned (1).....

Certify that Mr., Mrs., Ms.....

Is on Training in our (2).....

For the purpose of (3).....

.....

From (4).....

Until (4).....

And (5) that he/she

\* will be paid by (1).....

\*will not be paid by (1).....

Signed at.....on.....

Company stamp:  
(or business card)

Signature:

- 1) Name of the Business, Company, Organization, etc.
- 2) Name of Department, Division, Subsidiary, Organization, Company, Hospital, Service, etc.
- 3) Description of the Training
- 4) Precise dates to be given. Maximum duration of the mission is 12 months.
- 5) Payment may or may not be perceived during Training, but must be specified on this Attestation.