

Adisadel Urban Health Centre,
ADDRESS: P.O. Box 216,
Cape Coast

DATE: 19-09-2019

The Head
Department of Management Science
University of Education, Winneba
P. O. Box 25,
Winneba

Dear Sir/Madam,

Assurance Letter for Internship Placement of Mr./Ms Ebenezer Bukari

I am writing to confirm that Mr./Ms Ebenezer Bukari, a student from the University of Education, Winneba, has been granted approval to undertake a four-month internship program at Adisadel Urban Health Centre from [DD / MM / YYYY] to [DD / MM / YYYY]. We are pleased to support Mr./Ms Ebenezer Bukari in gaining practical experience and enhancing their skills in their field of study.

At Adisadel Urban Health Centre, we recognize the importance of providing students with opportunities to apply theoretical knowledge in real-world settings. We are committed to offering Mr./Ms Ebenezer Bukari a comprehensive learning experience that aligns with their academic pursuits and career aspirations. Our institution has a structured internship program that ensures interns receive proper supervision, mentorship, and the chance to work on meaningful projects.

During the internship, Mr./Ms Ebenezer Bukari will be involved in various task/projects assigned to him/her in the organisation. This will allow them to develop their skills to gain valuable industry insights, and build professional networks. We assure you that Mr./Ms Ebenezer Bukari will be supervised by [Esi Greene Ackon], who is an experienced professional in [relevant field/department]. [Supervisor's Name] will provide regular feedback and guidance to ensure the internship is both educational and rewarding for the student.

Please do not hesitate to contact me directly at 0243171354 or [Tie Kpona woe@gmail.com] if you require any further information or have any questions regarding this internship arrangement. We look forward to welcoming Mr./Ms Ebenezer Bukari and supporting his/her professional development during this internship period.

Thank you for your attention and cooperation.

Sincerely,

Sign

[Your Name] Michael Agbleke
[Your Position] Physician Assistant (In-charge)
[Your Institution's Name] PHYSICIAN ASSISTANT I/C.
[Stamp] ADISADEL HEALTH CENTRE
P.O. BOX 216
CAPE COAST