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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | №  п\п | Ф.И.О.  слушателя | Дата  начала  стажировки | Дата  окончания стажировки | Оценка  за работу | Подпись  непосредственного руководителя | | 1 |  |  |  |  |  | | 2 |  |  |  |  |  | | 3 |  |  |  |  |  | | 4 |  |  |  |  |  | | 5 |  |  |  |  |  | | 6 |  |  |  |  |  | | 7 |  |  |  |  |  | | 8 |  |  |  |  |  | | 9 |  |  |  |  |  | | 10 |  |  |  |  |  | | 11 |  |  |  |  |  | | 12 |  |  |  |  |  | | 13 |  |  |  |  |  | | 14 |  |  |  |  |  | | 15 |  |  |  |  |  | | 16 |  |  |  |  |  | | 17 |  |  |  |  |  | | 18 |  |  |  |  |  | | 19 |  |  |  |  |  | | 20 |  |  |  |  |  | | 21 |  |  |  |  |  | | 22 |  |  |  |  |  | | 23 |  |  |  |  |  | | 24 |  |  |  |  |  | | 25 |  |  |  |  |  | | 26 |  |  |  |  |  | | 27 |  |  |  |  |  | | 28 |  |  |  |  |  | | 29 |  |  |  |  |  | | 30 |  |  |  |  |  |   Общий руководитель практики \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (подпись)  М. П.  Зам. директора по практическому обучению \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (подпись) |

Автономное профессиональное образовательное учреждение

Удмуртской Республики «Республиканский медицинский колледж

имени Героя Советского Союза Ф. А. Пушиной

Министерства здравоохранения Удмуртской Республики»

**ПУТЕВКА № \_\_\_\_\_\_\_\_**

Слушатели группы ( название цикла)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

специальности \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

направляются в \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(наименование базы практической подготовки)

на срок с «\_\_\_\_» \_\_\_\_\_\_\_\_\_20\_\_\_ г. по «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_ 20\_\_\_г.

Наименование практики: Стажировка на рабочем месте

Ф.И.О. общего руководителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ф.И.О. непосредственного руководителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_