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| №п\п | Ф.И.О.слушателя | Датаначаластажировки | Датаокончания стажировки | Оценказа работу | Подпись непосредственного руководителя |
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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_