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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | №  п\п | Ф.И.О.  слушателя | Дата  начала  практики | Дата  окончания практики | 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 |  |  |  |  |  |   **МП МО** |

автономное профессиональное образовательное учреждение

Удмуртской Республики «Республиканский медицинский колледж

имени Героя Советского Союза Ф.А. Пушиной

Министерства здравоохранения Удмуртской Республики»

**ПУТЕВКА НА СТАЖИРОВКУ**

Обучающийся (еся) по ДПП ПК/**ДПП ПП**/ОППО (нужное подчеркнуть)

**Физиотерапия**

(название программы)

Специальность: физиотерапия

Общий срок обучения с \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ по \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Направляется (ются) в \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(наименование базы практической подготовки)

На практическую подготовку в форме стажировки

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

Руководители практической подготовки

Общий руководитель (Ф.И.О): **Волкова Ольга Михайловна**

Непосредственный руководитель: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**М.П.**

АПОУ УР «РМК МЗ УР»