**長庚科技大學嘉義分部護理系碩士在職專班**

**學年度第 學期 學生實習申請表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 學號 |  | | | | 學生姓名 | | | | |  | | | | | | | 聯絡電話 | | | | | |  | | | | | | |
| 目前任職機構 | | | |  | | | | | 任職單位 | | | | |  | | | | | | 職稱 | | | |  | | | | | |
| 實習科目 | | □進階臨床護理學實習(I) □進階社區護理學實習(I)  □進階臨床護理學實習(II) □進階社區護理學實習(II) | | | | | | | | | | | | | | | | | | | 實習教學教師 | | | | | | | |  |
| 預計前往  實習機構  **（請寫全銜）** | | |  | | | | 機構統編 | | | | |  | | | | | | 預計前往  實習單位  **(請寫完整單位名稱)** | | | | | | | |  | | | |
| 機構地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 選擇該實習單位原因 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 機構實習業務負責人 | | |  | | | | 部門 | | | |  | | | | 職稱 | | | |  | | | | | | 電話 | |  | | |
| 實習單位  護理長 | | |  | | | | | | | | | | | | | 電話 | | | | | |  | | | | | | | |
| Preceptor | | |  | | | 任職部門 | |  | | | | | | | 職稱 | | | |  | | | | | | 電話 | |  | | |
| Preceptor  E-mail | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否已獲實習機構護理部門同意學生前往實習？  **(請確實與機構單位聯繫）** | | | | | | | | | | 🞏1) 是  🞏2) 否（需要協助事項 ） | | | | | | | | | | | | | | | | | | | |
| 實習機構要求 | | | 1. 實習合約書   **(此指官方簽訂之合約書)** | | | | | | | | | | 此項按教育部規定，須簽實習合約書。 | | | | | | | | | | | | | | | | |
| 1. 發公文 | | | | | | | | | | 🞏1)是 | | | | | | | | | | | | | | | 🞏2)否 | |
| 1. 繳實習費   (學生實習結束後，學校繳給實習機構的費用) | | | | | | | | | | 🞏1)是， 元 | | | | | | | | | | | | | | | 🞏2)否 | |
| 1. 學生體檢資料 | | | | | | | | | | 🞏1)是，需要 (醫院要求的體檢內容 ) | | | | | | | | | | | | | | | 🞏2)否 | |
| 1. 其它 | | | | | | | | | |  | | | | | | | | | | | | | | | | |

備註：

1.同學請先與指導教授討論確認實習單位，再行洽詢實習機構。

2.同學確定實習單位後，請填寫本表並繳交予所辦公室，以為進行實習協助事項。

※本表填畢後繳至所辦公室