**新生醫護管理專校長期照護科**

# 長期照護實習（二）時數紀錄表

學號： 姓名：

實習機構：

機構督導老師：

學校指導老師：

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| 實習日期 | 實習時段 | 實習時數 | 實習累積時數 | 機構督導老師簽章 | 學校指導老師簽章 |
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