**擔任臨床教學老師證明**

查本＿＿＿＿＿單位以下人員，確實於本單位擔任一年以上之臨床教學老師，參與期間如下﹕

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **標號** | **姓名** | **CODE** | **標號** | **姓名** | **CODE** |
| 1 |  |  | 11 |  |  |
| 2 |  |  | 12 |  |  |
| 3 |  |  | 13 |  |  |
| 4 |  |  | 14 |  |  |
| 5 |  |  | 15 |  |  |
| 6 |  |  | 16 |  |  |
| 7 |  |  | 17 |  |  |
| 8 |  |  | 18 |  |  |
| 9 |  |  | 19 |  |  |
| 10 |  |  | 20 |  |  |

 (表格可自行增減)

 **單位主管簽章:**

 ※備註：護理部由教育督導長簽章