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| Лого_Медколледж | **Министерство здравоохранения Республики Татарстан****ГАПОУ «Набережночелнинский медицинский колледж».** |
| **Отдел основного профессионального образования**  |
| **ФОРМА 28** | **Ведомость допуска на производственную практику** |

**ВЕДОМОСТЬ ДОПУСКА НА ПРОИЗВОДСТВЕННУЮ ПРАКТИКУ**

**СПЕЦИАЛЬНОСТЬ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_КУРС\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ГРУППА\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**МДК (ПМ, РАЗДЕЛ)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ПЕРИОД ПРАКТИКИ С \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ПО\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ФИО КУРАТОРА\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **№** | **ФИО СТУДЕНТА** | **НАЗВАНИЯ РАЗДЕЛОВ МДК** |
| **ТЕОРИЯ** | **ДОКЛИНИКА** | **ПОЛИКЛИНИКА** | **КЛИНИКА** | **УЧЕБНАЯ ПРАКТИКА** | **ДОПУСК К ПП** |
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Дата сдачи ведомости «\_\_\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_г.

Куратор: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (подпись, расшифровка подписи)

Заведующая учебным отделением: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (подпись, расшифровка подписи)

Заведующая практикой: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (подпись, расшифровка подписи)