**114學年度物理治療實習遴選申請表**

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| **姓名** |  | | **班級** |  | | **學號** | |  |
| **通訊住址** |  | | | **生日** |  | | **日常生活近照** | |
| **性別** | **□男 □女** | **聯絡電話** | | **手機:**  **(H):** | | |
| **Email** |  | | | | | |
| **希望申請的實習醫院** | * **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **希望申請的實習期間** | **□ A1 \_\_\_\_\_\_\_\_ □ A2 \_\_\_\_\_\_\_\_ □ A3 \_\_\_\_\_\_\_\_ □ A4 \_\_\_\_\_\_\_\_**  **□ A5 \_\_\_\_\_\_\_\_ □ A6 \_\_\_\_\_\_\_\_ □ A7 \_\_\_\_\_\_\_\_ □ A8 \_\_\_\_\_\_\_\_**  **□ B1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ B2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **□ B3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ B4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **□ C1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ C2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **□ D1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ D2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **□其它\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\*請依醫院提供之站別選擇，若醫院提供之站別有區分，請填寫欲申請的站別，如：B1 神經+骨科**  **\*若申請意願有先後順序，請在方格中以數字填寫排序** | | | | | | | |
| **語言能力** | **( )國語 ( )英語 ( )台語 ( )客家語 ( )其它 (請註明： )** | | | | | | | |
| **實習計劃** |  | | | | | | | |

**(以一頁為限)**