**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)**