**Relevé des terrains et heures d’enseignement clinique en BSI**

**MODULE ENSCL 4**

**Nom Prénom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Matricule \_\_\_\_\_\_\_\_\_\_\_\_ Centre de Formation \_\_\_\_\_\_\_\_**

**Domaine: Chirurgie du ………………. au ………………. Institution ………………. Unité / Etage ……………….**

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| Jour semaine et Date | Lu | Ma | Me | Je | Ve | Sa |  | Lu | Ma | Me | Je | Ve | Sa |  | Lu | Ma | Me | Je | Ve | Sa |  | Lu | Ma | Me | Je | Ve | Sa |  | Lu | Ma | Me | Je | Ve | Sa |
| Horaire |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Heures prestées |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Heures d’absences |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Signature du responsable du terrain: \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature de l’étudiant: \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature de l’enseignant: \_\_\_\_\_\_\_\_\_\_\_\_\_ Total des heures \_\_\_\_\_\_\_\_\_\_\_\_\_

**Domaine: Soins palliatifs / Oncologie / Hématologie du ………………. au ………………. Institution ………………. Unité / Etage ……………….**

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| Jour semaine et Date | Lu | Ma | Me | Je | Ve | Sa | Di | Lu | Ma | Me | Je | Ve | Sa | Di | Lu | Ma | Me | Je | Ve | Sa |
| Horaire |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Heures prestées |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Heures d’absences |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Signature du responsable du terrain: \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature de l’étudiant: \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature de l’enseignant: \_\_\_\_\_\_\_\_\_\_\_\_\_ Total des heures \_\_\_\_\_\_\_\_\_\_\_\_\_

**Domaine: …………………………………………… du ………………. au ………………. Institution ………………. Unité / Etage ……………….**

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| Jour semaine et Date | Lu | Ma | Me | Je | Ve | Sa | Di | Lu | Ma | Me | Je | Ve | Sa | Di | Lu | Ma | Me | Je | Ve | Sa |
| Horaire |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Heures prestées |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Heures d’absences |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Signature du responsable du terrain: \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature de l’étudiant: \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature de l’enseignant: \_\_\_\_\_\_\_\_\_\_\_\_\_ Total des heures \_\_\_\_\_\_\_\_\_\_\_\_\_