附件2-1：

南京中医药大学职业技能实践课考核表（2023级）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 学号 | |  | | | | | 导师 |  | | | |
| 学科专业 | |  | | | | | | 研究方向 | |  | | | | | | |
| **一、技能培训或讲座（学生填写，药学院学术活动章确认有效）** | | | | | | | | | | | | | | | | |
| 日期 | 题目 | | | | | 主讲人 | | | 日期 | | 题目 | | | | | 主讲人 |
|  |  | | | | |  | | |  | |  | | | | |  |
|  |  | | | | |  | | |  | |  | | | | |  |
|  |  | | | | |  | | |  | |  | | | | |  |
|  |  | | | | |  | | |  | |  | | | | |  |
| **二、实践内容** | | | | | | | | | | | | | | | | |
| 起止时间 | | | 所在单位  科室名称 | | | | | 内容 | | | | | | | 负责人  签名 | |
| 如2019.9.2-2019.9.6 | | | 鼓楼医院药学部 | | | | | 医院药品流通 | | | | | | |  | |
|  | | |  | | | | |  | | | | | | |  | |
|  | | |  | | | | |  | | | | | | |  | |
| 实践考核意见（由实践单位填写）：  实践单位（公章）  年 月 日 | | | | | | | | | | | | | | | | |
| **三、实践报告（附一篇与以上“二、实践内容”相关的实践报告）**  题目：  导师审核意见：  导师签字：  年 月 日 | | | | | | | | | | | | | | | | |
| **四、课程成绩（由课程负责人填写）** | | | | | | | | | | | | | | | | |
| 技能培训成绩20% | | | | 技能实践成绩80% | | | | | | 课程总成绩 | | | | | | |
| 得分 | | | | 等级 | | |
|  | | | |  | | | | | |  | | | |  | | |
| 课程负责人签名： 年 月 日 | | | | | | | | | | | | | | | | |