NEAR EAST UNIVERSITY FACULTY OF NURSING

20…-20… ACADEMİC YEAR ……. SEMESTER HEM 401
MENTAL HEALTH AND DISEASES CLINICAL
APPLICATION ROLL CALL TABLE

The student Name-Surname:
Name and Surname of the Head Nurse or Training
Nurse:The student clinical Application period:
The student clinical APPLICATION Dates:
The student clinical APPLICATION Hours: 08:00-15:00 / 15:00-22:00 (Service hours)
08:00-12:30-13:00-17:00 (Outpatient clinic hours)

HISTORY	STUDENT NURSE	STUDENT NURSE SIGNATURE	RESPONSIBLE NURSE OR TRAINING NURSE SIGNATURE/STAMP

*****NOTES: The student evaluation And roll call form closed envelope inside sealedOne in a way delivery We request that this be done.**

CONTRIBUTION AND FROM YOUR PARTICIPATION BECAUSE A LOT THANKS WE DO.

Umran Dal Yılmaz

Nursing Faculty Dean Prof. Dr.

Umran BRANCH YILMAZ