**แบบบันทึกข้อผิดพลาดในการฝึกประสบการณ์วิชาชีพ**

**นิสิตคณะพยาบาลศาสตร์ มหาวิทยาลัยบูรพา**

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ชื่อ-นามสกุลนิสิต .......................................................................... วิชา...............................................................

อาจารย์นิเทศ/ ผู้ที่ได้รับมอบหมายให้ดูแลนิสิต/ หัวหน้าเวร................................................................................

วันที่เกิดเหตุการณ์.............................................................เวลา..............................สถานที่..................................

อธิบายเหตุการณ์..................................................................................................................................................

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(หมายเหตุ : เพิ่มเติมเอกสารได้ถ้าไม่พอ)

ผู้ที่อยู่ในเหตุการณ์................................................................................................................................................

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การแก้ไขเหตุการณ์ที่เกิดขึ้น.................................................................................................................................

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ผลการแก้ไข

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ลงนาม.........................................................นิสิต

(..........................................................)

ว/ด/ป.......................................เวลา.................น.

ข้อคิดเห็นของอาจารย์ผู้นิเทศ/ ผู้ที่ได้รับมอบหมายให้ดูแลนิสิต/ หัวหน้าเวร.......................................................

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ลงนาม.........................................................

(..........................................................)

อาจารย์นิเทศ/ ผู้ที่ได้รับมอบหมายให้ดูแลนิสิต/ หัวหน้าเวร

ว/ด/ป.......................................เวลา.................น.

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| ความเห็นประธานสาขาวิชา  ............................................................................  ............................................................................  ............................................................................  ............................................................................  ............................................................................ |  | ความเห็นคณบดี  ............................................................................  ............................................................................  ............................................................................  ............................................................................  ............................................................................ |
| ลงนาม....................................ประธานสาขาวิชา  (..............................................)  ว/ด/ป...................................เวลา...................น. |  | ลงนาม..................................................คณบดี  (..................................................)  ว/ด/ป...................................เวลา...................น. |