

National Taipei University of Nursing and Health Sciences (NTUNHS)

_____ (department) The _____ semester of the academic year _____

Practicum Syllabus

- I. Course Title:
- II. Practicum Type: _____ (Please select one of the school's four practicum type)
- III. Credits: _____ credits
- IV. Practicum Hours: Total of _____ hours
(I) Clinical Practice Hours:
(II) Discussion Hours:
- V. Practicum Period:
First Period: From _____ (YY/MM/DD) to _____ (YY/MM/DD),
_____ to _____ each week.
Second Period: From _____ (YY/MM/DD) to _____ (YY/MM/DD),
_____ to _____ each week.

Remarks:

1. If the locations for the practicums are different, please specify the location for each period after the corresponding dates, or specify the actual schedule for each hospital, respectively.
2. For the copies submitted to the Industry Cooperation Division, please show the practicum period from the first period to the last period. For the copies submitted to the hospitals, please provide the actual dates for each hospital. The starting and ending dates on the first page should be consistent with the dates displayed on the student name lists.

VI. Practicum Location:

VII. Name and Contact Information of the Instructor: **(If the instructor does not wish to disclose their contact information, please fill in the name of the instructor but leave the contact information blank)**

If the course is conducted by more than one instructors, please add a "*" before the name of the instructor responsible for coordination. **(The instructor may decide whether or not to use grid lines)**

Name of the instructor	Contact information	
	Extension Number	E-mail

VIII. Total Number of Interns: _____ students.

IX. Instructor/Student Ratio:

X. Course Design:

1. Prerequisites:
2. Course status in terms of horizontal integration and vertical linkage:

3. Recommendations to potential students:

XI. Course Summary (Please describe):

XII. Course Objectives:

XIII. Relationship between the course and the core competencies required by the department/institute:

Core Competencies						
Relevancy (please specify the percentage %)						

XIV. Teaching/Learning Methods:

XV. Teaching Activities:

XVI. Time available for student counseling (office hour):

Please refer to the teaching timetable of the instructor (or to be filled in by the instructor)

XVII. Course Schedule: **(The instructor may add or delete the columns as needed or adjust the format according to the internship status of the students)**

Week	Date	Course Contents	Class Hours	Remarks
1				
2				
3				
4				
5				
6				
7				

XVIII. Course Assignments:

XIX. Grading Criteria and their Percentage:

XX. Learning Criteria: **(The instructor may add or delete the contents based on course requirements)**

Please respect intellectual property rights. Unauthorized reproduction is prohibited.