

Kaohsiung Medical University School of Dentistry

__year__ semester practice hospital visit documental

visit date		visit field name	
cause	<input type="checkbox"/> routine visit <input type="checkbox"/> Special Event Visit <input type="checkbox"/> other :		
interviewed students			
clinical instructor			
interview content			
intern student experience or suggestion			
interview content / Advice and counseling for trainee teachers in the department			
photo			

Director School of Dentistry stamp: