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*Tampon et signature Date et lieu*

**Les stages et la pratique clinique**

1. **Nom :**
2. **Prénom(s) :**
3. **Date de naissance :**
4. **Formation :**
5. **Niveau de formation :**
6. **Nom de l’université :**
7. **Dates de formation :**

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| **Stages** | | | | | | | | | | | | |  |
| **Année** | **Lieu de stage** | | | **Orthopédie, traumatologie et rhumatologie** | | **Neurologie** | | **Cardio-respiratoire** | **Gériatrie** | | **Pédiatrie** | **Autres \*** | **Total** |
|  |  | |  | | |  |  | |  |  | |  |  |
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| **Total d’heures** | |  | | |  | |  | |  |  | |  |  |

**\*** Indiquer

1. **Pratique clinique**

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| **Pratique clinique** | **Nombre d’heures** |
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| **Total d’heures** |  |