**義守大學 職能治療系 臨床實習指導老師名單**

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| **姓名** | **性別** | **職能治療****證書號** | **學歷(若碩士學位非職能治療相關系所，請補學士學位)** | **從事職能治療年資** | **到職日** | **任職單位** |
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**註：擔任臨床教師資格需有2年以上臨床經驗，請另附在職證明。**

**(名單電子檔請逕寄otmaster@isu.edu.tw)**