附件1

项目编号：



贵州省继续医学教育项目申报表

项目名称:

所在学科（二、三级）:



申报单位（盖章）：



邮政编码：





申报日期：

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| 举办目的 |  |
| 项目讲授题目及简要内容 |  |

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| 项目主要内容水平在省内的地位 |  |
| 主办单位近几年与项目有关的工作情况 |  |

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| 项目负责人简况 | 姓名 | | |  | 性别 | |  | | | | 年龄 | | | |  | | | | |
| 职称 | | |  | 职务 | |  | | | | 最高学历 | | | |  | | | | |
| 身份证号码 | | |  | | | | | | | | | | | | | | | |
| 工作经历 | | | | | | | | | | | | | | | | | | |
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| 教育经历 | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 本人曾开展过哪些相近的培训 | | | | | | | | | | | | | | | | | | |
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| 本人曾开展过哪些相近的研究 | | | | | | | | | | | | | | | | | | |
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|  | 本人曾发表过哪些相近的文章 | | | | | | | | | | | | | | | | | | |
| 项目讲授题目及内容简要 | | | | | | | | | | | | | | | | | | | |
| 讲授项目 | | | 内容 | | | | | 授课教师 | | | | 学时 | | | | 教学方法 | | | |
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|  | | | 姓名 | | | | 专业技术  职务 | | | | 主要研究  方向 | | | | 所在单位 | | | | | 签字 | |
| 主要授课教师 | | |  | | | |  | | | |  | | | |  | | | | |  | |
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| 举办方式 | | |  | | | | | | | | | | | | | | | | | | |
| 举办起止日期 | | | 年 月 日 — 年 月 日 | | | | | | | | | | | | | | | | | | |
| 举办期限（天） | | |  | | | | | | | 考核方式 | | | | | | | |  | | | |
| 教学对象 | | |  | | | | | | | 拟招生人数 | | | | | | | |  | | | |
| 教学总学时数 | | |  | | | | | | | 讲授理论时数 | | | | | | | |  | | | |
| 实验（技术示范）时数 | | | | | | | |  | | | |
| 举办地点 | | |  | | | | | | | 拟授学员学分 | | | | | | | |  | | | |
| 主报单位 | | |  | | | | | | | 联系  电话 | | | |  | | | | 联系人 |  | | |
| 申报单位 | | |  | | | | | | | 联系  电话 | | | |  | | | | 联系人 |  | | |

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| 项目负责人联系电话 |  | | |
| 项目负责人通讯地址 |  | 邮政编码 |  |
| 地、州、市继续医学教育领导小组或卫生局、高等医学院校、厅直单位、省级医药卫生学术团体意见 | 负责人签字： （盖章）  年 月 日 | | |
| 贵州省继续医学教育委员会学科组审查意见 | 签字：  年 月 日 | | |
| 贵州省继续医学教育委员会审批意见 | 负责人签字： （盖章）  年 月 日 | | |
| 备注 |  | | |