**区县级继续医学教育项目**

**申报表**

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|  | | 项目名称 | |  | | | | |  |
|  | | 所在学科 | |  | |  | | |  |
|  | | (二,三级学科) | |  | | | | |  |
|  | | 申报单位 | | （盖章） | |  | | |  |
|  | | 申报日期 | |  | | | | |  |
|  | |  | |  | | | | |  |
|  | | | | | | | | | |
| 项目内容简介 | | | | | | | | | | |
|  | | | | | | | | | | |
| 项目负责人简况 | | | | | | | | | | |
| 姓名 |  | | 性别 | |  | | 年龄 |  | | |
| 职称 |  | | 职务 | |  | | 最后学历 |  | | |

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| 主要授课教师 | | | | |
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| 举办方式 |  | | |
| 举办起止日期 |  | | |
| 举办期限(天) |  | 考核方式 |  |
| 教育对象 |  | 拟招生人数 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 教学总学时数 |  | 理论时数 | |  |
| 实验(示范)时数 | |  |
| 举办地点 |  | | 拟授学分 |  |

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| 主办单位 |  | 联系电话 |  | 联系人 |  |
| 项目负责人联系电话 | |  | | 邮政编码 |  |
| 单位意见: | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | 盖章: | 年 月 日 |  | | | | | | |
| 区（县）继续医学教育委员会意见: | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | 盖章 | 年 月 日 |  | | | | | | |
| 备注: | | | | | |