附件1

重庆市市级中医药继续医学教育项目申报表

项目编号：

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| 项目名称 |  | | | | | | | 所在学科 | | | | | | |  | | | |
| 申报单位 |  | | | | | | | 邮政编码 | | | | | | |  | | | |
| 培训目的 |  | | | | | | | | | | | | | | | | | |
| 培训的主要内容及学术水平 |  | | | | | | | | | | | | | | | | | |
| 项目负责人简介 | 姓名 | | | 最后学历 | 专业技术职务 | | | | | | 主要研究方向 | | | | | 所在单位 | | |
|  | | |  |  | | | | | |  | | | | |  | | |
| 项目负责人前三年继教项目开展  情况 | 签字： | | | | | | | | | | | | | | | | | |
| 主要教师 | 姓名 | | 专业技术职务 | | | 讲授课题 | | | | | | | | 学时 | | | 签字 | |
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|  | |  | | |  | | | | | | | |  | | |  | |
| 举办方式 | |  | | | | 教学对象 | | |  | | | | | | | | | |
| 教学总时数 | | 学时 | | | | | | | | 招生人数 | | | | | | | |  |
| 考核方式 | |  | | | | | | | | 拟授学分 | | | | | | | |  |
| 主办单位 | |  | | | | | 联系人 | | |  | | | 联系电话 | | | | |  |
| 举办日期 | |  | | | | | 举办地点 | | | | |  | | | | | | |
| 区县继续医学  教育委员会  或委属单位意见 | | 盖章  年月日 | | | | | | | | | | | | | | | | |
| 市继续医学  教育委员会  审批意见 | | 盖章  年月日 | | | | | | | | | | | | | | | | |