附件1

绵阳市继续医学教育项目

申 报 表

项目编号

项目名称

项目类别

项目类型

所在学科

（二、三级学科）

申办单位（盖章）

邮政编码

联系地址

申报日期

**填表说明**

一、本申报表所列内容必须实事求是、逐项认真填写，不要漏填，表达要简单、明确。

二、申报表须按规定程序要求，经项目负责人和授课教师签字、申办单位签署意见并加盖公章后，报绵阳市继续医学教育委员会审批。

三、申报表填写具体要求如下：

（一）申报表填写思路：

1. 体现本申报项目在理论、知识、方法和技术上的新颖性；

2. 分析本申报项目的培训需求；

3. 介绍培训效果的具体评估方法。

（二）教学对象须符合该学科继续教育对象的要求。

（三）项目举办方式有：学术讲座、学术会议、专题讨论会、研讨班、讲习班、学习班等。

（四）教学时数为实际授课时数，不包括开班典礼及与教学无关的时间。

（五）学分计算方式：

参加者经考勤和考核合格，按每6小时授予1学分；主讲人每小时授予1学分。按规定每天最多按8小时计算学分，每个项目所授学分数最多不超过8学分。

（六）填写项目申报表时，所填内容系指举办一期活动而言，如相同活动举办一期以上时，请根据实际情况填写每期相应的举办时间与举办地点。

（七）项目编号：各单位按照市级继教医学教育项目编号说明编制前3组内容，序号由市继教办编制。

（八）项目类别包括公共知识类和专业知识类，项目类型包括基础类、提高类和前沿类。

（九）基层机构包括：社区卫生服务中心（站）、乡镇卫生院、村卫生室（站）；少数民族地区包括北川羌族自治县、平武县。

四、市级继续医学教育项目编号说明

1. 组成

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| 2 | 0 | 1 | 8 | 0 | 4 | 0 | 1 | 0 | 0 | 0 | 1 |

（1） （2） （3） （4）

1. 当年年度
2. 二级学科分类代码
3. 三级学科分类代码
4. 序号

例： 2018年普通外科项目编号为：

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| **市内外本领域的最新进展** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **本领域存在的问题** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **项目的目标** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **项目的创新之处** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **项目培训需求及效益、效果分析** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **申办单位近几年与项目有关的工作概况**  **（包括开展的培训、科研工作以及师资队伍情况）** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **项目负责人简况** | **姓名** | |  | | | | | **性别** | | |  | | | | | **出生年月日** | | | | |  | | | | |
| **职称** | |  | | | | | **职务** | | |  | | | | | **最高学历** | | | | |  | | | | |
| **工作单位** | |  | | | | | | | **是否在职（岗）** | | | | | |  | | | **从事专业** | |  | | | | |
| **是否参与项目授课** | | | | | | |  | | | | | | **项目负责人签字** | | | | | | |  | | | | |
| **工作简历** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **教育经历** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **项目讲授题目及内容简要** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **讲授题目** | | | | | | | **内容** | | | | | | | | **授课教师** | | | | | **学时** | | | **教学方法** | | |
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| **授**  **课**  **教**  **师** | | **理论授课教师** | | **姓名** | | **专业技术职称** | | | **主要研究方向** | | | | | | | | **所 在 单 位** | | | | | | | | **签字** |
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| **实验（技术示范）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** | | | | | | | | | |  | | | |
| **是否面向基层** | | | | |  | | | | | | | **是否面向少数民族地区** | | | | | | | | | |  | | | |
| **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** | | | | | | | | | |  | | | |
| **申办单位** | | | | |  | | | | | | | **联系电话** | | | | | |  | | | | **联系人** | |  | |
| **项目负责人通讯地址** | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **项目负责人联系电话** | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **项目多期举办** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **开始时间** | | | | | | | **结束时间** | | | | | | **举办地点** | | | | | | | | | | | | |
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| **申办单位意见** | | | | | | | **盖章 年 月 日** | | | | | | | | | | | | | | | | | | |
| **各县市区（园区）继续医学教育委员会办公室审批意见** | | | | | | | **盖章 年 月 日** | | | | | | | | | | | | | | | | | | |
| **市（州）继续医学教育委员会办公室审批意见** | | | | | | | **盖章 年 月 日** | | | | | | | | | | | | | | | | | | |
| **备注** | | | | | | |  | | | | | | | | | | | | | | | | | | |