附件3

2019年度国家级中医药继续教育项目申报汇总表

省（区、市）或直报单位：

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **类别** | **序号** | **项目名称** | **所属学科** | **学科**  **代码** | **主办单位** | **项目 负责人** | **培训 地点** | **培训日期** | **申请**  **学分** | **联系人** | **固定电话** |
| **知识**  **技能类** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **学习**  **提高类** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **前沿**  **进展类** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

注：1.培训地点按照“××省（市、区）××市”格式填写；2.培训日期按照“××月××日--××月××日”格式填写；3.固定电话将在文件中公布，请勿填写手机号码。