**中国非公立医疗机构协会**

**专业能力培训项目申报审批表**

培训项目名称：

项目申报机构：

填报日期：

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| **培训项目必要性分析** |
| （包括背景、技术介绍、市场需求、培训对象、受众数量、前期开展情况、与产业结合的方式） |
| **项目中其他合作方与合作方式介绍** |
| （是否有政府主管部门、其他行业NGO组织、医学院校、医疗机构、产业园区、海外机构的合作，是否需要协会签订相应的合作协议） |

**表1-项目基本情况表**

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| **项目承接运营方介绍** |
| 机构简介、经济实力、过往项目经验等 |
| **项目关键要素** |
| 是否开展师资培训颁发师资证书、是否设立培训基地颁发基地铜牌、是否建立项目专网与官微、培训结束后是否由协会培训证书、培训证书年检的方式（例如要求年度上传病例数量）等情况的说明 |
| **项目经费** |
| （项目运转三年收入与支出预算  是否有企业赞助，目前意向企业与意向赞助额度，年度招商计划  是否面向学员收费，收费区间，年度招生计划） |

**表2-项目教学资源情况**

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| **2-1项目师资团队** | | | | | | | | | | | | | | |
| 姓名 | | 单位 | | | 手机 | | | | | | | | 职称 | 职务 |
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| **2-2拟设基地意向** | | | | | | | | | | | | | | |
| 是否设立基地 | | | □是 □否 | | | | | | | | | | | |
| 序号 | | | 拟设立基地名称 | | | | | | | | | | | |
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| **2-3培训课程策划** | | | | | | | | | | | | | | |
| **培训对象** | | |  | | | | | | | | | | | |
| **远程课程** | 远程培训类型：  包括大班直播课程、小班直播课程、录播课程等； | | | | | | | | | | | | | |
| **课程名称** | | | | | | | | **教师** | | | **类型** | | **学时** |
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| **面授课程** | 面授培训类型：  包括学术讲座、专题讨论、技能操作演示、模拟训练等 | | | | | | | | | | | | | |
| **课程名称** | | | | | | | **教师** | | **类型** | | | | **学时** |
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| **临**  **床实践** | 临床实践类型：  包括手术观摩、教学查房、实习小讲座、病例讨论等。 | | | | | | | | | | | | | |
| **课程名称** | | | | |  | | | | | **类型** | | | **学时** |
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| **2-4学习过程考核** | | | | | | | | | | | | | | |
| 面授签到频率 | | | /天 | 实践操作签到频率 | | | | | | | | | | /天 |
| 在线学习测评次数 | | | 次 | 面授项目考核方式 | | | | | | | | | |  |
| 其他考核方式 | | |  | | | | | | | | | | | |

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| **专委会或项目专家组评审意见** | **签字 年 月 日** |
| **中国非公立医疗机构协会**  **学术培训部评审意见** | **签字 年 月 日** |
| **中国非公立医疗机构协会** | **盖章 年 月 日** |

**表3-评审与复核意见**