附件4

2017年度国家级中医药继续教育项目备案申请汇总表

市（区、县）或直报单位：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **类别** | **序号** | **项目名称** | **所属学科** | **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** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |