:

2016年度国家级中医药继续教育项目备案申请汇总表

备案申请单位（公章）：

|  |  |  |  |  |  |  |  |  |  |  |
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| **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** | **联系电话** |
| **知识****技能类** |  |  |  |  |  |  |  |  |  |  |
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| **学习****提高类** |  |  |  |  |  |  |  |  |  |  |
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| **前沿****进展类** |  |  |  |  |  |  |  |  |  |  |
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