附件2:

申请代码：

申请类别：

**浙江省继续医学教育项目申报表**

项目名称

所在学科

（二、三级学科）

申报单位（盖章）

申报日期

**浙江省继续医学教育委员会制**

**填表说明**

一、认真阅读《继续医学教育项目廉洁承诺书》并在承诺书上签字。

二、项目的申请代码、类别网上申报时自动生成，申报表填写内容须打印。

三、本申报表所列内容必须实事求是、逐项认真填写，不要漏填，表达要明确。

四、项目举办方式有：面授（学术讲座、学术会议、专题讨论会、研讨班等），网络教学。

五、填写申办单位、项目负责人及授课教师工作单位名称时，需完整填写单位的标准名称（与单位公章相一致）。

六、每位项目负责人新申报省级继续医学教育项目最多不超过2项且需承担项目的授课任务，同一项目只能通过一个单位申报。

七、申报单位授课师资一般应占授课师资总数的三分之二以上，项目负责人授课时数应不少于总课时的五分之一;学分授予按6学时授予1学分，每个项目所授学分最多不超过5学分。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。

八、申报项目拟招生人数应提前做好计划，项目举办时招生人数原则上不得超过计划招生人数，教学对象须符合申报学科继续教育对象的要求。

九、填写项目申报表时，如同一项目举办一期以上，请填写每期相应的举办时间与举办地点，每年举办的期数不超过6期。

十、申报内容包括公共知识和专业知识，其中专业知识分提升类、前沿类和学术交流类。

十一、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）。

**继续医学教育项目廉洁承诺书**

在组织举办继续医学教育项目期间，本人郑重承诺：

严格按照《卫生部教育部关于加强继续医学教育工作的若干意见》及相应规定开展继续医学教育项目，不随意更改时间或变更地点。

不在国家明令禁止举办会议培训的风景名胜区举办项目，不组织与项目无关的参观考察活动，不组织旅游观光。

坚持继续医学教育活动公益性质，严格继续医学教育项目经费管理，按照财务规定合规收费规范使用。

坚决抵制商业贿赂行为对继续医学教育活动的干扰，不向利益相关单位和个人提供商业展览，不接受来自利益相关单位和个人的培训经费赞助、旅游考察、娱乐活动和其他各种名义的财物。

以上承诺本人认真履行，如有违反愿承担相关责任。

项目负责人签名：

申 报 单 位：（盖 章）

年 月 日

**省级继续医学教育项目学科分类与代码**

**专业知识类代码:**

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| **代码** | | | | **学科名称** | | | | | | |  | **代码** | | | | **学科名称** | | | | | | | | | |
| **01-** | | | | **基础形态** | | | | | | |  | **06-** | | | | **儿科学** | | | | | | | | | |
| 01-01- | | | | 组织胚胎学 | | | | | | |  | 06-01- | | | | 儿科内科学 | | | | | | | | | |
| 01-02- | | | | 解剖学 | | | | | | |  | 06-02- | | | | 儿科外科学 | | | | | | | | | |
| 01-03- | | | | 遗传学 | | | | | | |  | 06-03- | | | | 新生儿科学 | | | | | | | | | |
| 01-04- | | | | 病理学 | | | | | | |  | 06-04- | | | | 儿科学其他学科 | | | | | | | | | |
| 01-05- | | | | 寄生虫学 | | | | | | |  | **07-** | | | | **眼、耳鼻喉学科** | | | | | | | | | |
| 01-06- | | | | 微生物学 | | | | | | |  | 07-01- | | | | 耳鼻喉科 | | | | | | | | | |
| **02-** | | | | **基础机能** | | | | | | |  | 07-02- | | | | 眼科学 | | | | | | | | | |
| 02-01- | | | | 生理学 | | | | | | |  | **08-** | | | | **口腔医学学科** | | | | | | | | | |
| 02-02- | | | | 生物化学 | | | | | | |  | 08-01- | | | | 口腔内科学 | | | | | | | | | |
| 02-03- | | | | 生物物理学 | | | | | | |  | 08-02- | | | | 口腔外科学 | | | | | | | | | |
| 02-04- | | | | 药理学 | | | | | | |  | 08-03- | | | | 口腔正畸学 | | | | | | | | | |
| 02-05- | | | | 细胞生物学 | | | | | | |  | 08-04- | | | | 口腔修复学 | | | | | | | | | |
| 02-06- | | | | 病生理学 | | | | | | |  | 08-05- | | | | 口腔学其他学科 | | | | | | | | | |
| 02-07- | | | | 免疫学 | | | | | | |  | **09-** | | | | **影像医学学科** | | | | | | | | | |
| 02-08- | | | | 基础医学其他学科 | | | | | | |  | 09-01- | | | | 放射诊断学 | | | | | | | | | |
| **03-** | | | | **临床内科学** | | | | | | |  | 09-02- | | | | 超声诊断学 | | | | | | | | | |
| 03-01- | | | | 心血管病学 | | | | | | |  | 09-03- | | | | 放射肿瘤学 | | | | | | | | | |
| 03-02- | | | | 呼吸病学 | | | | | | |  | 09-04- | | | | 影像医学其他学科 | | | | | | | | | |
| 03-03- | | | | 胃肠病学 | | | | | | |  | **10-** | | | | **急诊学** | | | | | | | | | |
| 03-04- | | | | 血液病学 | | | | | | |  | **11-** | | | | **医学检验** | | | | | | | | | |
| 03-05- | | | | 肾脏病学 | | | | | | |  | **12-** | | | | **公共卫生与预防医学** | | | | | | | | | |
| 03-06- | | | | 内分泌学 | | | | | | |  | 12-01- | | | | 劳动卫生与环境卫生学 | | | | | | | | | |
| 03-07- | | | | 神经内科学 | | | | | | |  | 12-02- | | | | 营养与食品卫生学 | | | | | | | | | |
| 03-08- | | | | 传染病学 | | | | | | |  | 12-03- | | | | 儿少卫生与妇幼卫生学 | | | | | | | | | |
| 03-09- | | | | 精神卫生学 | | | | | | |  | 12-04- | | | | 卫生毒理学 | | | | | | | | | |
| 03-10- | | | | 内科学其他学科 | | | | | | |  | 12-05- | | | | 统计流行病学 | | | | | | | | | |
| **04-** | | | | **临床外科学** | | | | | | |  | 12-06- | | | | 卫生检验学 | | | | | | | | | |
| 04-01- | | | | 普通外科学 | | | | | | |  | 12-07- | | | | 公共卫生与预防医学其他学科 | | | | | | | | | |
| 04-02- | | | | 心胸外科学 | | | | | | |  | **13-** | | | | **药学** | | | | | | | | | |
| 04-03- | | | | 烧伤外科学 | | | | | | |  | 13-01- | | | | 临床药学和临床药理学 | | | | | | | | | |
| 04-04- | | | | 神经外科学 | | | | | | |  | 13-02- | | | | 药剂学 | | | | | | | | | |
| 04-05- | | | | 泌尿外科学 | | | | | | |  | 13-03- | | | | 药物分析学 | | | | | | | | | |
| 04-06- | | | | 显微外科学 | | | | | | |  | 13-04- | | | | 药事管理学 | | | | | | | | | |
| 04-07- | | | | 骨外科学 | | | | | | |  | 13-05- | | | | 药学其他学科 | | | | | | | | | |
| 04-08- | | | | 肿瘤外科学 | | | | | | |  | **14-** | | | | **护理学** | | | | | | | | | |
| 04-09- | | | | 颅脑外科学 | | | | | | |  | 14-01- | | | | 内科护理学 | | | | | | | | | |
| 04-10- | | | | 整形、器官移植外科学 | | | | | | |  | 14-02- | | | | 外科护理学 | | | | | | | | | |
| 04-11- | | | | 麻醉学 | | | | | | |  | 14-03- | | | | 妇产科护理学 | | | | | | | | | |
| 04-12- | | | | 皮肤、性病学 | | | | | | |  | 14-04- | | | | 儿科护理学 | | | | | | | | | |
| 04-13- | | | | 外科学其他学科 | | | | | | |  | 14-05- | | | | 护理其他学科 | | | | | | | | | |
| **05-** | | | | **妇产科学** | | | | | | |  | **15-** | | | | **医学教育与卫生管理** | | | | | | | | | |
| 05-01- | | | | 妇科学 | | | | | | |  | 15-01- | | | | 医学教育 | | | | | | | | | |
| 05-02- | | | | 产科学 | | | | | | |  | 15-02- | | | | 卫生管理 | | | | | | | | | |
| 05-03- | | | | 妇产科学其他学科 | | | | | | |  | **16-** | | | | **康复医学** | | | | | | | | | |
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| **公共知识类代码：18-** | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **代码** | | | | **学科名称** | | | | | | |  | **代码** | | | | **学科名称** | | | | | | | | | |
| 18-1 | | | | 卫生法律法规 | | | | | | |  | 18-4 | | | | 医患沟通 | | | | | | | | | |
| 18-2 | | | | 医德医风 | | | | | | |  | 18-5 | | | | 医学伦理  应急 | | | | | | | | | |
| 18-3 | | | | 医学人文 | | | | | | |  | 18-6 | | | | 重大传染病和突发公共卫生事件应急处置  应急 | | | | | | | | | |
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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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| **作为负责人曾承担过哪些继续医学教育项目** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **本人曾开展过哪些与申报项目相关的研究** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **本人曾发表过哪些与申报项目相近的文章** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **本专业领域诊断治疗标准、规范描述及需要解决的问题：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本项目的培训需求及预期目标：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本项目培训预期效果（提出培训效果的具体评估方法及指标）：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **主办单位近五年与本项目有关的工作概况（包括开展医疗卫生工作、科研工作以及师资队伍情况）：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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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| **举办形式** | | | | （如选择网络授课请填写授课平台） | | | | | | | | **是否面向基层** | | | | | | | | | |  | | | | | | | |
| **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** | | | | | | | | | | |  | | | | | |
| **其中基层单位学员人数** | | | | | | | | | | |  | | | | | |
| **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** | | | | | | | | | | |  | | | | | |
| **申报单位** | | | |  | | | | | | | | | **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** | | | |  | | | | |
| **市继续医学教育委员会或省级医疗卫生单位意见** | | | | | | **盖章 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | |
| **浙江省继续医学教育委员会意见** | | | | | | **盖章 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | |
| **备 注** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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