**附件1:**

申请代码：

**2020年河南省级继续医学教育项目**

**申 报 表**

项目名称

所在学科

申办单位（盖章）

邮政编码

申报日期

申报承诺书

根据《国家卫生健康委办公厅关于落实为基层减负措施改进继续医学教育有关工作的通知》（国卫办科教函﹝2019﹞702号）精神，为了推动远程继续医学教育的开展，本项目负责人承诺：申办项目获批举办后，将教师授课视频和音频资料上传至河南省继续医学教育管理平台，并签订授课音视频和幻灯片授权书,供河南省继续医学教育委员会办公室免费用于基层医务人员远程学习使用，授权书在上报执行情况时一并提交到河南省继续医学教育管理平台。

承诺人：

填 表 说 明

一、申报表所列内容必须实事求是，逐项认真填写，不要漏填，表达要简单、明确。

二、申报表填写具体要求如下：

1、所在学科（代码）请按照所附“河南省继续医学教育项目学科分类与代码”填写。

2、项目内容一栏要求写出讲授题目。

3、教学对象须符合该学科继续医学教育对象的要求。

4、项目举办方式有：学术讲座、学术会议、专题讨论会、研讨班、学习班等。

5、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。

6、学分计算方法：参加者经考核合格，按每3学时授予1学分；主讲人每学时授予2学分。半天按3学时计算，1天按6学时计算。每个项目所授学分数最多不超过10学分。

三、申报表在网上平台填报后，点击项目的申请代码，显示所申报的项目可打印出纸质申报表。

**省级继续医学教育项目学科分类与代码**

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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** | | | | | | |
|  | | | | |  | | | | | | |  | | **17-** | | | | | | **全科医学** | | | | | | |
| **省内外本领域的最新进展** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **本领域存在的问题** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **项目的目标** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **项目的创新之处** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **项目培训需求及效果分析** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **申办单位近几年与项目有关的工作概况**  **（包括开展的培训、科研工作以及师资队伍情况）** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **项目负责人简况** | **姓名** | | |  | | | | **性别** | |  | | | | | **年龄** | | | | | | |  | | | | |
| **职称** | | |  | | | | **职务** | |  | | | | | **最高学历** | | | | | | |  | | | | |
| **工作单位** | | |  | | | | **是否在职（岗）** | | | | | | |  | | **从事专业** | | | | |  | | | | |
| **身份证号码** | | |  | | | | | | | | | | | **项目负责人签字** | | | | | | |  | | | | |
| **工作简历** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **教育经历** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **本人曾开展过哪些相近的培训** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **本人曾开展过哪些相近的研究** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **本人曾发表过哪些相近的文章** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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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| **主**  **要**  **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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| **举办方式** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **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** | | | | | | | | |  | | | | | | |
| **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** | | | | | | | | |  | | | | | | |
| **申办单位** | | | | |  | | | | | | | | **联系电话** | | | | | | |  | | **联系人** | | |  | | | |
| **填表人** | | | | |  | | | | | | | | **联系电话** | | | | | | |  | | | | | | | | |
| **项目负责人通讯地址** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **项目负责人联系电话** | | | | | | |  | | | | | | | | **项目负责人邮政编码** | | | | | |  | | | | | | | |
| **各省辖市继续医学教育委员会或省属单位、医学院校、省级学（协）会意见** | | | | | | | **盖章 年 月 日** | | | | | | | | | | | | | | | | | | | | | |
| **备 注** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |