附件1

申请代码：

**2019年国家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

**填表说明**

1. 项目的申请代码系网上申报时自动生成。
2. 本表填写注意事项：

（一）填写思路：

1.体现本申报项目在理论、知识、方法和技术上的新颖性；

2.分析本申报项目的培训需求；

3.介绍培训效果的具体评估方法。

（二）教学对象须符合该学科继续教育对象的要求。

（三）项目举办方式有：学术讲座、学术会议、专题讨论会、研讨班、讲习班、学习班等。

（四）教学时数为实际授课时数，不包括开班典礼等与教学无关的时间。

（五）学分计算方式：

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。

(六) 填写项目申报表时，所填内容系指举办一期活动而言。如同一项目举办一期以上时， 请在“多期举办信息”处填写每期相应的举办时间与举办地点。

三、西部12个省（区、市）包括：四川省、重庆市、贵州省、云南省、西藏自治区、陕西省、甘肃省、青海省、宁夏回族自治区、新疆维吾尔自治区、广西壮族自治区、内蒙古自治区。

四、基层单位包括：县级及以下医疗卫生机构等。

**附1 各省、自治区、直辖市，国家卫生健康委员会直属联系单位及有关学（协）会等单位代码**

**代码 名称 代码 名称**

01 北京市 32 中国医学科学院（北京协和医学院）

02 天津市 33 中国疾病预防控制中心

03 上海市 34 北京医院

04 河北省 35 中日友好医院

05 山西省 36 国家卫生计生委医药卫生科技发展研究中心

06 内蒙古自治区 37 国家卫生计生委干部培训中心

07 辽宁省 38 国家卫生计生委统计信息中心

08 吉林省 39 国家医学考试中心

09 黑龙江省 40 国家卫生计生委国际交流中心

10 江苏省 41 国家卫生计生委人才交流服务中心

11 浙江省 42 中华医学会

12 安徽省 43 中华护理学会

13 福建省 44 中华口腔医学会

14 江西省 45 中华预防医学会

15 山东省 46 中国医院协会

16 河南省 48 中国医师协会

17 湖北省 49 国家卫生计生委医院管理研究所

18 湖南省 50 国家卫生计生委卫生监督中心

19 广东省 51 新疆生产建设兵团

20 广西壮族自治区 52 国家卫生计生委项目资金监管服务中心

21 海南省 53 好医生医学教育中心

22 四川省 54 北京双卫医学技术培训中心

23 贵州省 55 中国药师协会

24 云南省 56 中国健康教育中心

25 西藏自治区 57 北京华医网科技股份有限公司

26 陕西省 58 国家食品安全风险评估中心

27 甘肃省 59 国家心血管病中心

28 青海省 60 国家卫生计生委能力建设和继续教育中心

29 宁夏回族自治区 61 国家卫生计生委南京培训中心

30 新疆维吾尔自治区 62 国家卫生计生委科学技术研究所

31 重庆市 63 人民卫生出版社有限公司

**附2 国家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** | | | | | | | | |
| **国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** | |  | | | | | | **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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| **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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| **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** | | | | | | | | | | |  | | | | | |
| **拟招西部12省（区、市）学员人数** | | | | | |  | | | | | | | | | **拟招基层单位学员人数** | | | | | | | | | | |  | | | | | |
| **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** | | | | | | | | | | |  | | | | | |
| **申办单位** | | | | | |  | | | | | | | | | **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** | | | | | | | | | |  | | | | | | | | **项目负责人邮政编码** | | | | | | | |  | | | | | | | |
| **省（自治区、直辖市）继续医学教育委员会、新疆生产建设兵团继续医学教育委员会、国家卫生健康委员会直属联系单位、有关学（协）会等单位意见** | | | | | | | | | | **盖章 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | |
| **备 注** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |