附件一

中国药膳研究会药膳专业培训合作项目申报表

申报日期： 年 月 日

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 申报单位名称  （加盖公章） | |  | | | | 是否独立  法人单位 |  |
| 项目负责人 | |  | | 职务 |  | 联系电话 |  |
| 申报培训项目  名称、等级 | |  | | | | 总学时 |  |
| 培  训  内  容 | 课程设置 | 学时  分配 | 培 训 方 式 | | | 师 资 力 量 | |
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| 考试方式 | |  | | | | | |