附件2

河南省专业技术人员继续教育

基地考核表

基地名称（盖章）：

填报时间：

河南省人力资源和社会保障厅制

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| 基地名称 |  | | | | | | | | 基地编号 | | | |  | | | | 单位性质 | | |  | |
| 基地通讯地 址 |  | | | | | | | | 邮 编 | | | |  | | | | E－mail | | |  | |
| 负责人 |  | | | 职 务 | |  | | | | | 电 话（传真） | | | （手机） | | | | | | | |
| 联系人 |  | | | 职 务 | |  | | | | | 电 话（传真） | | | （手机） | | | | | | | |
| 教学场地及设施 | 占地面积 ㎡ | | | | | | | 建筑面积 ㎡ | | | | | | | | 实训场地 ㎡ | | | | | |
| 普通教室 | | | | 间 | | | ㎡ | | | | | 多功能教室 | | | | | | 间 | | ㎡ |
| 电教室 | | | | 间 | | | ㎡ | | | | | 会议室 | | | | | | 间 | | ㎡ |
| 餐厅容纳 | | | | 人 | | | | | | | | 宿舍容纳 | | | | | | 人 | | |
| 其他教学设施设备 | | | |  | | | | | | | | | | | | | | | | |
| 人员情况 | 现有人数 （人） | | | | | | | | | | | | | | | | | | | | 定编人数 （人） |
| 管理人员（人） | 专职教师（人） | | | 其中 | | | | | | | 兼职教师（人） | | | 其中 | | | | | |
| 高级职称 | | 中级职称 | | | | | 高级职称 | | | | 中级职称 | |
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| 管理 人员 情况 | 姓名 | | | | 职务 | | | | | | | 分管工作 | | | | | | | 联系电话 | | |
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| 现有专业 | 专业名称 | | | | 培训对象 | | | | | | | | | | | | | | | | |
| 面向社会招生 | | | | | | | 面向本系统招生 | | | | | | | 面向本单位招生 | | |
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| 拟申请增 设专业 | 专业名称：  增设理由： | | | | | | | | | | | | | | | | | | | | |
| 专业名称：  增设理由： | | | | | | | | | | | | | | | | | | | | |
| 教学管理制度制定情 况 |  | | | | | | | | | | | | | | | | | | | | |
| 教学设备配置情况 |  | | | | | | | | | | | | | | | | | | | | |
| 基地完成培训任务情 况 | 培训年度 | | 培训期次（面授） | | | | | | | 培 训 人 数 | | | | | | | | | | | |
| 面授课 | | | | | | | | 网络课 | | | |
| 2017 | |  | | | | | | |  | | | | | | | |  | | | |
| 2018 | |  | | | | | | |  | | | | | | | |  | | | |
| 基地自查自评情况 |  | | | | | | | | | | | | | | | | | | | | |

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| 基地自查 自评情况 |  |
| 或省主管部门意见  省辖市人力资源社会保障局 | （盖 章）　　　　　年　 月 　日 |
| 意 见  省人力资源社会保障厅 | （盖 章）　　　　　年　 月 　日 |