附件二

继续教育专业科目培训汇总表

**(只需填专业科目，公需科目不用填)**

姓名 ： 单位：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 序号 | 科目名称 | 学时 | 取得时间 | 培训机构 |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
|  |  |  |  |  |
| 合计 | |  | **-** | - |