

**بسمه تعالی**

**چک لیست اخذ مجوز برگزاری مدرسه علمی پژوهشی فصلی دانشگاه های علوم پزشکی**

**تاریخ درخواست: ........................... تاریخ بررسی: ...............................**

**1-کمیته تحقیقات دانشجویی فوکال پوینت منطقه در خواست کننده: ………..**

**نام کمیته تحقیقات دانشجویی دانشکده/دانشگاه علوم پزشکی و خدمات بهداشتی، درمانی برگزار کننده**: ................................

**عنوان مدرسه علمی فصلی درخواستی**: ..............................................

**اعضای کمیته علمی مدرسه:** :.........................................................................................................................................................

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**نام دبیران کمیته علمی مدرسه و اعضای کارگروه تخصصی :** :....................................................................................................................................................

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**توضیحات درباره نحوه برگزاری مدرسه ( مجازی /حضوری، ساعات برگزاری، تعداد روزها): ................................................................................................................... ...................**.....................................................................................................................................................................................................

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**برنامه مدون مدرسه:**

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**سرفصلها (موضوعات ارائه شده درمدرسه فصلی):**

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**نام مدرسین هر فصل:**

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**تعداد شرکت کنندگان (به تفکیک تئوری/ عملی، مجازی/حضوری) : ...................................................**

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| --- | --- | --- | --- | --- | --- | --- |
|  | **نقص مدرک** | | **تأیید شد** | **تأیید نشد** | **بررسی مجدد** | **توضیحات** |
| **دارد** | **ندارد** |
| **نتیجه بررسی** |  |  |  |  |  |  |

**نام بررسی کننده:**

**امضاء بررسی کننده:**

**تاریخ:**