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| Programa de Implantación de Buenas Prácticas en Cuidados enCentros Comprometidos con la Excelencia en Cuidados®CURRÍCULUM NORMALIZADO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APELLIDOS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOMBRE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DNI:** | | | | | | | | | **FECHA DE NACIMIENTO (dd/ mm /aaaa):** | | | | | | | | | | |  | |  |  |  | | | | | |
| **DIRECCION PARTICULAR:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CIUDAD:** | | | | | | | | | | | | | | | **DISTRITO POSTAL:** | | | | | | **TELÉFONO:** | | | | | | | | |
| **FORMACIÓN ACADÉMICA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **TITULACIÓN ACADÉMICA** | | | | | | | | | |  | **CENTRO** | | | | | | | | | | | | |  | **FECHA** | | |  |
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| **FORMACIÓN SANITARIA ESPECIALIZADA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ESPECIALIDAD:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CENTRO DE REALIZACIÓN:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **SITUACIÓN PROFESIONAL ACTUAL Y FECHA DE INICIO:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ORGANISMO:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CENTRO/INSTITUCIÓN:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DEPT./SECC./UNIDAD ESTR.:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DIRECCIÓN POSTAL:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TELÉFONO (indicar extensión):** | | | | | | | | | | | | | | | | | | | | **FAX:** | | | | | | | | | |
| **CORREO ELECTRÓNICO:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SITUACION LABORAL** | | | | | | | **CONTRATO:** | | | | | | |  | | | **OTRAS SITUACIONES:** | | | | | | | | | | | | |
| **PLANTILLA:** | | | | | | |  | | | **DEDICACIÓN:** | | **a) A TIEMPO COMPLETO** | | | | |  | | | | | |
| **INTERINO/A:** | | | | | | |  | | | **b) A TIEMPO PARCIAL** | | | | |  | | | | | |
| **BECARIO/A:** | | | | | | |  | | |  | |  | | | | |  | | | | | |
| **Relación contractual con la institución al menos, la totalidad del primer año de duración del proyecto: Sí** **NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FECHA DE CUMPLIMENTACIÓN (dd mm aaaa)** | | | | | | | | | | | | | | | | | | **FIRMA** | | | | | | | | | | | |
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| **NOMBRE:** | |
| **EXPERIENCIA LABORAL** (relacionada con la actividad a desarrollar en el programa CCEC®/BPSO®) | |
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| **NOMBRE:** |
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| **PARTICIPACIÓN EN ACTIVIDADES DE IMPLANTACIÓN Y GRUPOS DE TRABAJO**  (Elaboración/revisión de protocolos; definición/revisión de indicadores; acciones de mejora de calidad; investigación, etc. Describir la actividad y la función desarrollada en el grupo de trabajo) |
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| **NOMBRE:** |
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| **SELECCIÓN DE PUBLICACIONES MÁS RELEVANTES POR ORDEN CRONOLÓGICO**  (Reseñar sólo las publicadas; referencia según Vancouver) |
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| **NOMBRE:** |
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| **OTRAS ACTIVIDADES O MÉRITOS RELEVANTES** relacionados con la actividad a desarrollaren el programa CCEC®/BPSO®) |
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