**U.O.D.**

**FORMAZIONE**

 **Corso di Formazione “­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_”**

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**ASL TARANTO**

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LUOGO E DATA DI NASCITA:

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DIPARTIMENTO

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UNITA’ OPERATIVA-SERVIZIO-UFFICIO:

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IL DIRETTORE AUTORIZZA

(Solo per i dipendenti ASL)

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VISTO IL COORDINATORE O DIRIGENTE

(Solo per i dipendenti ASL)

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IL RICHIEDENTE

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Il corso è accreditato ECM N \_\_\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_\_\_ CREDITI dal Provider 3850-33

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