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|  **Organismo evaluador de la conformidad:** |  |

 **Necesidad de formación** Año: \_\_\_\_\_\_\_\_\_

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| **Cargo** | **Evaluación de Desempeño** | **Nuevos Métodos****(nuevas metodologías)** | **Nuevos equipos** | **Cambio de normas** | **Otros** |
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 **Programa de capacitación** Año: \_\_\_\_\_\_\_\_\_

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| **Tema de Capacitación o Formación** | **Int** | **Ext** | **Funcionarios participantes** | **Nota de ejecución** | **Tiempo****(Horas)** | **Eficacia** |
| **Fecha** | **Firma** | **Nuevas competencias** | **Aplicación** |
| Día | Mes |
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| **Int: Capacitación interna Ext: Capacitación externa** |