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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** | | | | | | | | | |