专业技术人员（教师系列）首聘期满考核表

部门/院（系） 科室/教研室

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| 姓名 |  | 从事  专业 |  | 聘岗时  职称 | 讲师 | 聘岗时  职称等级 | 八级 |
| 聘期内职称发生变动者请填写此栏 | | | | 现聘职称 | 副教授 | 现职称  聘任时间 | 2013.12 |

一、基本岗位职责

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二、具体岗位职责

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| （一）学科建设情况 | | | | | | | | | | | | | | | | | | 审核人 | | | | | | | | | |  | | | |
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| （二）团队建设等情况 | | | | | | | | | | | | | | | | | | 审核人 | | | | | | | | | |  | | | |
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| （三）教研、科研工作情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.获奖项目** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 题 目 | | | | | 批准  机关 | | | 级别 | | | | 获奖  时间 | | | | 成果  形式 | | | | | 奖励  等次 | | | | | 位次 | | | | | 审核人 |
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| **2.承担课题** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 题 目 | | | | | 批准  机关 | | | 级别 | | | | 起止  时间 | | | | 经费  (万元) | | | | | 完成  情况 | | | | | 位次 | | | | | 审核人 |
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| **3.发表论文** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 题 目 | | | | | 刊物名称 | | | | 发表  时间 | | | | | 论文类别 | | 收录情况 | | | | | 影响  因子 | | | | | 位次 | | | | | 审核人 |
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| **4.其他相当层次成果** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **（1）发明专利** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 题 目 | | | | | 专利类别 | | | | 专利号 | | | | | | | | | | | 获得  时间 | | | | | 位次 | | | | | | 审核人 |
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| **（2） 国家规划教材** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 题 目 | | | | 出版社名称 | | | | | | 出版时间 | | | | | | | 位次 | | | | | | | 是否规划教材 | | | | | | 审核人 | |
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| **（3）学术专著** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 题 目 | | | | 出版社名称 | | | | | | 出版时间 | | | | | | | 位次 | | | | | | 著作  类别 | | | | | | | 审核人 | |
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| **（4） 高层次人才称号** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 称 号 | | | | | | | 授予机关 | | | | | | 授予时间 | | | | | | 级别 | | | | | | | | 审核人 | | | | |
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| **（5）其他** | | | | | | | | | | | | | | | | | | | 审核人 | | | | | | | |  | | | | |
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| （四）教学工作情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 教学基本情况： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 标准  课时数 |  | 教学  效果 | 2012年 | | |  | | | | | 2013年 | | | |  | | | | | | | 审核人 | | | | | | |  | | |
| 2014年 | | |  | | | | | 2015年 | | | |  | | | | | | |
| 2016年 | | |  | | | | |  | | | |  | | | | | | |
| （五）社会服务工作 | | | | | | | | | | | | | | | | | | | | | | 审核人 | | | | | | |  | | |
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三、所在单位考核小组评价

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| **经综合评价，期满考核结果为：□合格 □不合格。**  **考核小组组长签字： 年 月 日** |

四、所在单位考核意见

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| **经综合评价，期满考核结果为：□合格 □不合格。**  **（公 章）**  **负责人签字： 年 月 日** |

五、学校考核意见

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| **经综合评价，期满考核结果为：□合格 □不合格。**  **（公 章）**  **年 月 日** |

**本人承诺：所提供的个人信息真实准确，对因提供有关信息不实或违反有关规定造成的后果，责任自负。本人签字：**

说明：

1.表中所及内容填写时间为2012年6月1日至2017年5月31日。

2.所及成果产权单位必须为潍坊医学院。

3.请参照《潍坊医学院教师岗位设置与聘用管理实施办法（试行）》不同岗位级别岗位职责进行填写，未涉及的项目可不填写。