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

**Fecha elaboración: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha actualización\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Aprobado por: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Necesidad de formación**

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| **Participante**  **(Cargo)** | **Tema de la capacitación** | | | | | | | **Observaciones** |
| **Métodos** | **Equipos** | **Normas** | **Herramientas administrativas** | **Seguridad y Salud en el Trabajo** | **Habilidades blandas** | **Otros** |
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**Programa de capacitación**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nombre de la Capacitación** | **Int** | **Ext** | **Participantes** | **Ejecución** | | | **Eficacia** | |
| **Fecha** | | **Duración de la capacitación** | **Nuevas competencias** | **Aplicación** |
| **Día** | **Mes** |
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