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Eiropas Sociālā fonda projekta Nr.9.2.6.0/17/I/001 “Ārstniecības un ārstniecības atbalsta personāla kvalifikācijas uzlabošana”

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(Izglītības programmas veids)

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(Pilns programmas nosaukums un stundu skaits)

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(lektora Vārds Uzvārds, paraksts)

**DALĪBNIEKU APMEKLĒJUMA UZSKAITES LAPA**

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(Vieta, gads, datums, mēnesis, laiks)

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| **Nr. p.k.** | **Vārds, uzvārds** | **Darbavieta** | **Telefona numurs**  **vai e-pasts** | **Plānošanas reģions** | **Paraksts** |
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