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**ใบสมัครส่งผลงานเข้าร่วมประกวด**

**โครงการฝึกอบรมหลักสูตรการจัดการข้อมูลผู้ป่วยเพื่อเพิ่มประสิทธิภาพด้านการบริการ**

**สำหรับบุคลากรโรงพยาบาลราชวิถี ประจำปีงบประมาณ 2560**

**ผู้ส่งผลงาน** บุคคล ทีม.....................................................................................................................
**โทรศัพท์**............................................................................**E – mail**.............................................................................

**ชื่อผลงาน …………………………………………………………………………………………………………………………………**

**ชื่อผู้สมัคร/ชื่อทีม ......................................................................................................................................**

**..................................................................................................................................................................**

**ชื่อหน่วยงาน**......................................................................................................................................................

**ประเภทผลงาน** ด้านการบริหารจัดการ
 ด้านการให้บริการ

 ด้านวิชาการหรืองานวิจัย

**1. ที่มาของแนวคิด**

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**2. วัตถุประสงค์**

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**3. หลักการและขั้นตอน รวมทั้งกรรมวิธีที่ใช้การจัดทำ**

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6. การใช้ประโยชน์จากข้อมูลที่มีการนำเสนอ

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**การส่งเอกสารหลักฐาน** 1. แบบฟอร์มการสมัครส่งผลงานเข้าประกวด
 2. ส่งผลงานการนำเสนอในรูปแบบ PPT File และ QVF File
 3. ส่งผลงานมาที่ Mail :: chali\_tan@hotmail.com

 **ลงชื่อ**...........................................................**ผู้ส่งผลงานเข้าประกวด** (........................................................................) **ตำแหน่ง**........................................................... **วันที่**...........**เดือน**...........................**พ.ศ**...............