**Federación Nacional de Químicos Clínicos CONAQUIC, A.C**

Afiliado a la

International Federation of Clinical Chemistry and Laboratory Medicine

NOMBRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LICENCIATURA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 No. Ced. Prof.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Colegio al que pertenece: Colegio Guerrerense de Químicos Clínicos, A.C

Teléfono Particular: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Celular:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Domicilio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Teléfono del Trabajo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Horario\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESUMEN DE EXPERIENCIA**

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**Curricula Resumida de los últimos 3 años**

**DESEMPEÑO LABORAL**

PERIODO

LABORATORIO, INSTITUCIÓN O EMPRESA / PUESTO(S)

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**GRADO ACADÉMICO**

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DIPLOMADOS

**DIPLOMADOS**

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**CURSOS, TALLERES, CONVENCIONES, SEMINARIOS Y CONGRESOS**

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**ACTIVIDADES ACADÉMICAS Y PROFESIONALES**

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|  | **DESCRIPCIÓN** |  | **AÑO** |  | **ASOCIACIÓN/COLEGIO/UNIVERSIDAD:** |
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 **Se anexan copias**

 Atentamente

Fecha \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Firma