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| **FECHA**  |

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| **TIPO DE FORMACIÓN** | Inducción/Entrenamiento \_\_\_ Capacitación \_\_\_\_  |

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| **TEMÁTICA** |

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| **OBJETIVO** |

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| **RESPONSABLE** |

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| **EVIDENCIA DE LA EJECUCIÓN** |

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| **MÉTODO DE EVALUACIÓN DE LA EFICACIA DE INDUCCIÓN / FORMACIÓN**  |

**APLICACIÓN METODOLÓGICA REVISIÓN Y SEGUIMIENTO**

**EVALUACIÓN REGISTROS**

**PRÁCTICA AUDITORÍA**

**OBSERVACIÓN**

**FECHA EVALUACIÓN EFICACIA DE INDUCCIÓN FORMACIÓN**: Día: Mes: Año:

**EFICACIA INDUCCIÓN/ FORMACIÓN SÍ**

 **NO**

**EVIDENCIAS DE EFICACIA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| ASISTENCIA |
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| **NOMBRE** | **CARGO** | **FIRMA** |
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FECHA: DÍA \_\_\_\_\_\_\_\_\_\_\_MES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AÑO \_\_\_\_\_\_\_\_\_\_\_

| ASISTENCIA |
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FECHA: DÍA \_\_\_\_\_\_\_\_\_\_\_MES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AÑO \_\_\_\_\_\_\_\_\_\_\_