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|  | | **Intitulé du module de parcours** | | **Date** | | **Horaire**  **De \_ h à \_ h** | | **Durée (h) Présentiel** | | **Durée (h) si FOAD** | | **Emargement stagiaire** | | **Emargement formateur** |
| **Phase 1 Positionnement**  (obligatoire) | |  | |  | |  | |  | |  | |  | |  |
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| **Phase 2 Formation**  (obligatoire)  *Si nécessaire, merci de compléter la suite des dates de formation, au verso* | |  | |  | |  | |  | |  | |  | |  |
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| **Phase 3 Evaluation**  (obligatoire) |  | |  | |  | |  | |  | |  | |  | |
| Commentaires | | | | | | | | | | | | | |
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| **Phase 4 Suivi** | Le bénéficiaire atteste avoir été informé de la possibilité de bénéficier gratuitement d'un appui pédagogique dans les 2 mois suivant la fin de la formation | | | | | | | | | |  | |  | |
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| Si le visa est CLEA compatible | Le bénéficiaire donne son consentement pour mobiliser son Compte Personnel de Formation | | | | | | | | | |  | |  | |

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|  | **Intitulé du module de parcours** | **Date** | **Horaire**  **De \_ h à \_ h** | **Durée (h) Présentiel** | **Durée (h) si FOAD** | **Emargement stagiaire** | **Emargement formateur** |
| **Phase 2 Formation**  (obligatoire) |  |  |  |  |  |  |  |
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