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| **NOMBRE DOCENTE** |

**Foto**

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| Domicilio completo: |  |
| Número celular: |  |
| Correo institucional: |  |

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| **Formación académica profesional** |

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| *Periodo* | *Escuela o institución. Descripción del grado. Documentación obtenida.* |

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| **Experiencia laboral** |

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| *Periodo* | *Descripción de la actividad y lugar.* |

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| **Formación complementaria** |

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| *Periodo* | *Descripción de cursos o diplomados. Lugar. Documentación obtenida.* |

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| **Producción Académica** |

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| *Fecha de publicación* | *Descripción del libro, artículo, colaboración, etc.* |

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