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|  | **LISTA PRISOTNOSTI UDELEŽENCEV/K PROGRAMA -** **PROGRAMI IZOBRAŽEVANJA PEDAGOŠKIH DELAVCEV**  |  |
|  | **\*Lista prisotnosti udeležencev se izpolni za vsako izobraževanje posebej!****Naziv programa:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
|  | **Naziv izobraževanja:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
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|  | **Kraj izvedbe:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
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|  | **Izvajalec:** |  |  |
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 **Čas trajanja izvedbe:**

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| Zaporedna številka | Ime in priimek |  Podpis | Naziv javnega zavoda, kjer sem zaposlen/a in strokovni naziv |

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Podpis izvajalca: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_