附件1

2021年临沂市人民医院住院医师规范化培训报名表

填表时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 性别 | |  | | 民 族 | | | |  | | | | | | 粘贴2寸彩色近期免冠照片 |
| 出生年月 |  | | 政治面貌 | | | |  | | 入党时间 | | | | |  | | |
| 毕业学校 |  | | 毕业时间 | | | |  | | 学制 | | | |  | | | |
| 学 历 |  | | 学位 | |  | | 所学专业 | | | | |  | | | | |
| 培训专业 |  | | | | 现从事岗位名称 | | | | | | |  | | | | |
| 身份证号 |  | | | | | | | | | | | | | | | | |
| 学历证号 |  | | | | | 学位证号 | | | |  | | | | | | | |
| 医师执业证书编码 | |  | | | | | | 执业证书发证日期 | | | | | | | |  | |
| 医师资格证书编码 | |  | | | | | | 资格证书发证日期 | | | | | | | |  | |
| 工作单位 |  | | | | | | | | | | | | | | | | |
| 工作经历 | 起止年月 | | | 工作经历 | | | | | | | | | | | 技术任职  资格 | | |
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| 委培单位  意见 | 单位公章          年  月 日 | | | | | | | | | | | | | | | | |
| 培训基地  意见 | 单位公章          年  月 日 | | | | | | | | | | | | | | | | |