扬州市中医院中医住院（全科）医师规范化培训学员报名表（委培单位学员用）

报名序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 基 本 情 况 | 姓 名 |  | | | | | | 性别 | | | | |  | | | | | | 出生年月 | | | | | | |  | | | | | | （贴照片处） | |
| 政治面貌 |  | | | | | | 民族 | | | | |  | | | | | | 健康状况 | | | | | | |  | | | | | |
| 身份证号 |  | |  |  | |  |  |  |  |  | | |  | |  | |  |  | |  | |  |  | | | |  |  | |  |
| 外语水平 |  | | | | | | 计算机能力 | | | | | | | | | | |  | | | | | | | | | | | | |
| 最高学历 |  | | | | | | | | | | 毕业证书编号 | | | | | | | | | |  | | | | | | | | | | | |
| 最高学位 |  | | | | | | | | | | 学位证书编号 | | | | | | | | | |  | | | | | | | | | | | |
| 学位类型 | □科学型   □专业型 | | | | | | | | | | 通讯地址 | | | | | | | | | |  | | | | | | | | | | | |
| 电子邮箱 |  | | | | | | | | | | | | | | | 手    机 | | | | | | | |  | | | | | | | | |
| 取得《医师资格证书》 | | | | | | | □ 是  □  否 | | | | | | | | | | | | 执业范围 | | | | | | | | | |  | | | |
| 医师资格证书取得时间 | | | | | | |  | | | | | | | | | 医师资格证书编号 | | | | | | | |  | | | | | | | | |
| 医师执业证书取得时间 | | | | | | |  | | | | | | | | | 医师执业证书编号 | | | | | | | |  | | | | | | | | |
| 报 名 情 况 | 培训类别 | | | | | □中医    □ 中医全科 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 拟从事二级专业 | | | | | □ 中医内科    □ 中医外科     □ 中医妇科     □ 中医儿科  □ 中医骨伤科  □ 中医五官科   □ 针灸推拿科 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 拟从事三级专业 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 培训时间 | | | | | □  3年（ 本科、科硕、科博） □ 2年（临床型硕士） □ 1年（临床型博士） □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 教 育 情 况 | 入学日期 | | 毕业日期 | | | | | 学校名称 | | | | | | | | | | | 专  业 | | | | | | | | | | | | | 学历 | 学位 |
|  | |  | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | |  |  |
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| 工 作 情 况 | 工作时间 | | | | | 聘用单位名称 | | | | | | | | | 聘用单位级别 | | | | | | | | | | | | 所在科室 | | | | | | |
|  | | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |
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| 个人  承诺 | 1、我承诺以上信息真实可靠。  2、本人自愿全程在扬州市中医院接受中医住院医师规范化培训。                                                      签字：                    年   月   日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位  承诺 | 该同志为我单位正式招聘职工，现本单位委派其全程在扬州市中医院接受中医类别住院医师规范化培训，并承诺不因单位工作等原因将该医师调回，本单位将在培训期间积极配合培训基地的各项管理。  负责人签字：                                                 单位盖章：  年    月    日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |