**标准化病人招聘报名表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **年龄** |  |
| **民族** |  | **学历** |  | **职业** |  |
| **工作单位** |  |
| **个人简历** |  |
| **联系电话** |  | **手机** |  |
| **通讯地址** |  |
| **邮编** |  | **E-mail** |  |

**请提交报名表、身份证复印件到科教楼三楼教务科2办公室**

**办公室电话028-83025653。**