附件1：

聊城市中医医院

中医住院医师规范化培训报名申请表

**申请人姓名：**

**申请人单位： （盖章）**

**申请日期： 年 月 日**

**聊城市中医医院中医住院医师规范化培训报名申请表**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | **性 别** | | |  | | | **二寸彩照** |
| **出生年月** | |  | | **政治面貌** | | |  | | |
| **民 族** | |  | | **籍 贯** | | |  | | |
| **婚 否** | |  | | **外语水平** | | |  | | |
| **本科毕业院校** | |  | | | **本科毕业时间** | | |  | | |
| **本科毕业证编码** | |  | | | **本科学位证编码** | | |  | | |
| **硕士研究生毕业**  **院校** | |  | | | **硕士研究生毕业**  **时间** | | |  | | |
| **硕士研究生毕业证编码** | |  | | | **硕士研究生学位证编码** | | |  | | |
| **博士研究生毕业**  **院校** | |  | | | **博士研究生毕业**  **时间** | | |  | | |
| **博士研究生毕业证编码** | |  | | | **博士研究生学位证编码** | | |  | | |
| **专业方向** | |  | | | **专业类型（临床或科研）** | | |  | | |
| **资格证书编码** | |  | | | **取得时间** | | |  | | |
| **执业证书编码** | |  | | | **取得时间** | | |  | | |
| **现有职称** | |  | | | **聘任时间** | | |  | | |
| **身份证号** | |  | | | **执业证书注册专业** | | |  | | |
| **家庭住址** | |  | | | | | | | | |
| **邮 编** | |  | **手机号码** | | |  | | | | |
| **E-mail** | |  | | | | | | | | |
| **拟参加培训基地** | |  | | | | | | | | |
| **学习及工作经历（高中起点）** | | | | | | | | | | |
| **时 间** | | | **主要内容** | | | | | | | |
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| **论文科研著作** | | | | | | | | | | |
| **年份** | **著作名称** | | | | | | | | **杂志** | |
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**存档处：聊城市中医医院住院医师规范化培训办公室**

**莱芜市中医医院住院医师规范化培训办公室**

**邹平县中医院住院医师规范化培训办公室**