附件：**达州市中西医结合医院中医住院医师规范化培训报名表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | **性 别** | |  | | | 贴  一  寸  彩  照 | | |
| **年 龄** | |  | | **民 族** | |  | | |
| **籍 贯** | |  | | **婚姻状况** | |  | | |
| **政治面貌** | |  | | **身 高** | |  | | |
| **健康状况** | |  | | **既往病史** | |  | | |
| **学 历** | |  | | **学 位** | |  | | | **所学专业** | |  |
| **英语等级** | |  | | **医师资格证** | | □有 □无 | | | **医师资格证号** | |  |
| **身份证号** | |  | | **学员类型** | | □社会化学员 □单位委培学员 | | | | | |
| **毕业学校** | |  | | | **毕业时间** |  | | | | | |
| **通讯地址** | |  | | | | | | | **邮 编** | |  |
| **联系方式** | | **本人手机** | |  | | | **电子邮箱** | | |  | |
| **家庭联系人及关系** | |  | | | **家庭联系人电话** | | |  | |
| **获奖情况**  **（以证书为准）** | |  | | | | | | | | | |
| **有何特长**  **（以证书为准）** | |  | | | | | | | | | |
| **实习及工作经历** | | | | | | | | | | | |
| **年月日至年月日** | | | **医院名称** | | | | | **实习/工作** | | | **任 职** |
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|  | | |  | | | | |  | | |  |
| **申**  **请**  **人**  **意**  **见** | **自愿以“培训学员”身份参加达州市中西医结合医院中医住院医师规范化培训，服从医院安排。**  **申请人签字**  **年** **月** **日** | | | | | | | | | | |
| **单位意见**  **（单位委培学员填写）** | **签名（盖章）**  **年** **月** **日** | | | | | | | | | | |