附件2 **[常州](http://www.121job.cn/article/list.asp?classid=2" \t "_blank)市中医住院医师规范化培训报名登记表**

（单位委托培养学员用）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | | | | 性 别 | | | | | | |  | | | | | | 照 片 | | | | | | |
| 出生年月 | |  | | | | | | | 民 族 | | | | | | |  | | | | | |
| 毕业院校 | |  | | | | | | | 联系电话 | | | | | | |  | | | | | |
| 最高学历 | |  | | | | | | | 最高学位 | | | | | | |  | | | | | |
| 学位类型 | | □科学型 □专业型 | | | | | | | | | | | | | | | | | | | |
| 毕业证编号 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学位证编号 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 执业医师资格证书编号 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 执业医师执业证书编号 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 工作单位  及人事科  电话 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号码 | | |  |  |  |  | |  | |  | |  |  | |  | |  |  | |  |  | | |  |  |  |  |  |
| 个　人　简　历（从医学院校开始） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 起止年月 | | | | | | | | | | 学校和单位 | | | | | | | | | | | | 学习专业和工作岗位 | | | | | |
| 1 |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | |
| 2 |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | |
| 3 |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | |
| 4 |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | |
| 5 |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | |
| 报名培训专业：□中医 □中医全科 | | | | | | | | | | | | | | 拟从事专业方向：  （明确到三级分科） | | | | | | | | | | | | | | |
| 工作单位推荐意见：  单位负责人签字：  年 月 日（公章） | | | | | | | 区卫健委审核意见：    年 月 日（公章） | | | | | | | | | | | | 基地审核意见：  　　　年 月 日（公章） | | | | | | | | | |