附件

青海省中医医术确有专长人员医师资格

考核专家基本情况表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | | 出生年月 |  | | | | 照片 |
| 民 族 |  | 性别 | | |  | | |  | | | | |
| 技术职称 | |  | | | | | | | | | | |
| 职称聘任时间 | |  | | | | | | | | | | |
| 身份证号 |  | | | | | | | | | | | |
| 工作单位 |  | | | | | | | | | | | | |
| 行政职务 |  | | 从事专业 | | |  | | | | | | | |
| 通信地址 |  | | | | | | | | | | | | |
| 联系电话 |  | | 传真 | | |  | | | 手机 | |  | | |
| 电子信箱 |  | | | | | | | | | | | | |
| 毕业院校 |  | | | | | | | | | | | | |
| 所学专业 |  | | | | | | | | | | | | |
| 毕业时间 |  | | | 学历 | | |  | | | 学位 | |  | |
| 有何专业技术特长 |  | | | | | | | | | | | | |
| 参加何种学术组织、担任何种职务 |  | | | | | | | | | | | | |
| 单位意见 | 负责人（签字）： 盖章  年 月 日 | | | | | | | | | | | | | |