**附件4**

**××××年北京市住院医师规范化培训结业理论考核报名资格审核表**

**单位：（加盖单位公章） 联系人： 　 　　　　　联系电话：**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **培训专业** | **医师编号** | **最高**  **学历** | **国家医师资格证书** | **培训年限** | **进入基地时间** | **完成培训时间** | **市卫计委终审**  **结果** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |