附件

**传统医学师承出师考核申请表**

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| 姓 名 |  | | | 性 别 |  | | 民 族 | |  | | |  |
| 出 生  年 月 |  | | | 籍 贯 |  | | 出 生  地 点 | |  | | |
| 参加工作时间 |  | | | 现从事主要职业 | | |  | | | | |
| 学 历 |  | | | 学 位 |  | | 身份证号码 | | |  | | |
| 单位名称 | | | | |  | | | | | | | |
| 通讯地址及邮政编码 | | | | |  | | | | | | | |
| 本人档案存放单位、地址及邮政编码 | | | | |  | | | | | | | |
| 联系电话 | |  | | | 传  真 | |  | | 电子邮件地址 | |  | |
| 个 人 简 历 | | | | | | | | | | | | |
| 起止年月 | | 学习（工作）单位 | | | | | | | | | 肄  毕    业  结 | |
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| 指 导 老 师  姓 名 | | |  | | | 指 导 老 师  单 位 | |  | | | | |
| 指 导 老 师  职 称 | | |  | | | 指 导 老 师  工 作 年 限 | |  | | | | |
| 指 导 老 师  联 系 电 话 | | |  | | | 指 导 老 师  通 讯 地 址 | |  | | | | |
| 指导老师主要学术思想、临床经验和学术专长 | | |  | | | | | | | | | |
| 指 导 老 师  意  见 | | | 签   名：       年    月    日 | | | | | | | | | |
| 县（市、区）级中医药管理局审核意见 | | | 公章    年    月    日 | | | | | | | | | |
| 地市级中医药管理局审核意见 | | | 公章    年    月    日 | | | | | | | | | |
| 省级中医药管理部门审核意见 | | | 公章    年    月    日 | | | | | | | | | |