2019年医师执业注册公告

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| 永州市卫生健康委员会 2019年医师执业注册工作开始啦！  **注册对象：**2018已获得医师资格证书、2019年考试合格尚未注册者(拟执业地点为我委发证的医疗、预防、保健机构)。  **申请材料：**  （1）医师执业、变更执业、多机构备案申请审核表（见附件）  （2）原助理《医师执业证书》和助理《医师资格证书》原件和复印件（执业助理医师取得执业医师资格后，申请执业医师注册）  （3）毕业证书原件和复印件、身份证复印件  （4）主要执业的医疗、预防、保健机构的聘用证明  （5）主要执业机构《医疗机构执业许可证》副本复印件  （6）近6个月2寸2张白底免冠正面半身照片  （7）承担规范化培训基地出具的《住院医师规范化培训证明》（在住院医师规范化培训期间申请注册）  **办理地点：**  永州市政务中心卫健委窗口（二楼B区42、43号），联系电话：8379709  **申请材料样表：**  医师执业、变更执业、多机构备案  申请审核表  医 师 姓 名：  医师资格证书编码：  医师执业证书编码：  填 表 时 间： 年 月 日  国家卫生健康委员会监制  **填表说明**  1.本表供取得《医师资格证书》后申请医师执业注册、变更执业、多机构备案事项时使用。  2.一律用钢笔或毛笔填写，内容要具体、真实，字迹要端正清楚。  3.表内的年月日时间，一律用公历阿拉伯数字填写。  4.申请执业级别请选填执业医师或执业助理医师。  5.申请执业类别请选填临床、中医（中西医结合）、口腔或者公共卫生。  6.学历应填写与申请类别相应的最高学历。  7.“相片”一律用近期小二寸免冠正面半身照。  **1．申请人情况**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | | 姓 名 |  | 性 别 |  | 民 族 |  | | 出生日期 | 年 月 日 | | | 专业技术职务任职资格 |  | | 身份证号 |  | | | | | | 所学系、专业 |  | | | 学 历 |  | | 家庭地址及邮编 | |  | | | | 健康状况 |  | | 业务水平考核机构或组织名称、考核培训时间及结果 | |  | | | | | | | 何时何地因何种原因受过何种处罚或处分 | |  | | | | | | | 其他要说明  的问题 | |  | | | | | | | 个  人  工  作  经  历 | 时间 | 单位 | | | | 技术职务 | 证明人 | |  |  | | | |  |  | |  |  | | | |  |  | |  |  | | | |  |  | |  |  | | | |  |  | |  |  | | | |  |  | |  |  | | | |  |  | |  |  | | | |  |  | |  |  | | | |  |  | |  |  | | | |  |  |   注：个人工作经历栏如不够，请自行另附页。   1. **医师执业注册（仅供取得《医师资格证书》后申请执业注册者填写）**  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 申请执业级别 |  | 申请执业类别 | |  | | 申请执业  范围 | |  | | | 申请执业机构名称 |  | | | | | 机构登记号 | |  | | | 申请执业机构地址 |  | | | | | | | | | | 邮政编码 |  | | 单位电话 | |  | | 拟在该机构执业时间 | |  | | 本人意见 | 申请人签字： 年 月 日 | | | | | | | | | | 拟执业机构  意见 | 意 见：    负责人：  印章  年 月 日 | | | | | | | | | | 与拟执业机构聘用（劳动）合同附本 |  | | | | | | | | | |