附件2：

**武汉爱尔眼科医院（协武汉爱尔眼科医院汉口医院）**

**2017年住院医师规范化培训预报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 |  | | | | 年龄 | | |  | | | | | | 照片（1寸） | |
| 民族 |  | | | 政治面貌 | |  | | | | | | | | | | | |
| 身份证号 | |  | | | | | | | | | | | | | | | |
| 联系电话 | |  | | 邮箱 |  | | | | | | | | | | | | |
| 报名类型 | | 单位人□ 单位人（委培）□ 社会人□ | | | | | | | | | | | | | | | | | |
| 毕业学校 | |  | | 毕业时间 | |  | | | | | | | | 学历 | | | |  | |
| 学位(全称) | |  | | 所学专业 | |  | | | | | | | | | | | |  | |
| 硕士类别 | | 临床型□ 科研型□ | | | | | | | | 专业 | | | |  | | | | | |
| 博士类别 | | 临床型□ 科研型□ | | | | | | | | 专业 | | | |  | | | | | |
| 工作单位 | |  | | 工作单位  入职时间 | | |  | | | | | | 从事临  床专业 | | | |  | | |
| 现有专业职称 | | |  | | 获专业职称时间 | | | | | | | |  | | | | | | |
| 医师资格证编号 | | |  | | | | | 取得资格证时间 | | | | | | |  | | | | |
| 医师执业证编号 | | |  | | | | | 执业地点 | | |  | | | | | 执业  范围 | | |  |
| 学习经历  (从本科起) | |  | | | | | | | | | | | | | | | | | |
| 工作经历 | |  | | | | | | | | | | | | | | | | | |
| 本人保证以上填写内容属实，否则以虚假报名取消本次录取机会。 签名： | | | | | | | | | | | | | | | | | | | |