**附件1          甘肃省住院医师规范化培训报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓    名** | | |  | **性    别** | |  | | | 贴  二  寸  彩  照 | | | |
| **年    龄** | | |  | **民    族** | |  | | |
| **籍    贯** | | |  | **户口所在地** | |  | | |
| **政治面貌** | | |  | **婚姻状况** | |  | | |
| **最后毕业学校** | | |  | **毕业时间** | |  | | |
| **最高学历** | | |  | **最高学位** | |  | | | **所学专业** | | |  |
| **医师资格证号** | | |  | | | **医师执业证号** | | |  | | | |
| **工作单位** | | |  | | | **身份证号** | |  | | | | |
| **培训基地志愿** | | | **1、** | | | **2、** | | | | | | |
| **培训专业志愿** | | | **1**、 | | | **2、** | | | | | | |
| **通讯地址** | | |  | | | | | | **邮  编** | |  | |
| **联系方式** | | | **手    机** |  | | | **家庭联系电话** | | |  | | |
| **电子邮箱** |  | | | **其它联系方式** | | |  | | |
| **学习及工作经历（本科、临床培训、工作经历）** | | | | | | | | | | | | |
| **年月日至年月日** | | **学校或医院名称** | | **专  业** | | **任职情况** | | | | | | |
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| **申**  **请**  **人**  **意**  **见** | **自愿以培训学员身份参加甘肃省住院医师规范化培训，培训基地及专业服从安排。**    **申请人签字：**  **年     月     日** | | | | **派送单位意见** | **签名（盖章）**  **年    月     日** | | | | | | |
| **卫生行政部门审核意见** | **签名（盖章）**  **年    月     日** | | | | **基地招录**  **单位意见** | **签名（盖章）**  **年      月      日** | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

注：社会人员在工作单位一栏填“待业”，单位意见栏可不填，但需卫生行政部门审核。省属单位和三甲医院委派的学员可不填卫生行政部门审核意见栏。（本表一式三份）