**国家卫计委临床药师培训基地学员申请表**

**申请人姓名**

**原工作单位**

**申 请 单位**

**学科、专业**

**填 表 时间**

**国家卫计委临床药师培训基地学员申请表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 |  | | 民族 | |  | | | | | |
| 出生  年月 |  | | | | | 身份  证号 | |  | | | | | |
| 技术  职称 |  | | | | | 行政职务 | |  | | | | | |
| 单位通讯地址 |  | | | | | | | | 邮编 | | |  | |
| 学历 | 毕业时间 | | | | 毕业院校 | | | | | 专业 | | | 学位 |
|  | | | |  | | | | |  | | |  |
|  | | | |  | | | | |  | | |  |
| 联系电话 | |  | | | | | | | | | | | |
| 电子信箱 | |  | | | | | | | | | | | |
| 现从事专业 | |  | | | | | 培训专业 | | | |  | | |
| 掌握何种外语 | |  | | | | | 熟练程度 | | | |  | | |
| 工作简历 | | 起止年月 | | | | | 单      位 | | | | | | |
|  | | | | |  | | | | | | |
| 主要论文/  科研情况 | |  | | | | | | | | | | | |
| 本人专业水平 | |  | | | | | | | | | | | |
| 从事临床药学工作经历 | |  | | | | | | | | | | | |
| 具体专业方向及本人拟进修何种专业 | |  | | | | | | | | | | | |
| 选送单位意见 | | （盖章）     年    月    日 | | | | | | | | | | | |
| 上级行政部门审核意见 | | （盖章）     年    月    日 | | | | | | | | | | | |
| 接收部门意见 | | （盖章）      年   月    日 | | | | | | | | | | | |
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