附件1：

**聊城市中医住院医师规范化培训报名申请表（2020年）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | 性 别 | |  | | | | 出生年月 | | |  | | | 一寸彩照 |
| 民 族 |  | | | | 籍 贯 | |  | | | | 政治面貌 | | |  | | |
| 婚姻状况 |  | | | | 健康状况 | |  | | | | 既往病史 | | |  | | |
| 本科毕业院校 |  | | | | 本科毕业时间 | |  | | | | 本科毕业专业 | | |  | | |
| 本科毕业证编码 | | |  | | | | | | 本科学位证编码 | | | | | |  | | |
| 最高学历毕业院校 | | |  | | | | | | 最高学历毕业时间 | | | | | |  | | |
| 最高学历毕业专业 | | |  | | | | | | 学位（科学/专业） | | | | | |  | | |
| 有无医师资格证 | |  | | 医师资格证编码 | | | | |  | | | | | | | | |
| 工作单位 | | |  | | | | | | 培训专业 | | | | | |  | | |
| 身份证号 | | |  | | | | | | | | | | | | | | |
| 家庭住址 | | |  | | | | | | | | | | | | | | |
| 手机号码 | | |  | | | | | 邮 箱 | | | |  | | | | | |
| 工作经历 | | | | | | | | | | | | | | | | | |
| 起止时间 | | | 医院名称 | | | | | | | 医院级别 | | | 科室 | | | 职务 | |
|  | | |  | | | | | | |  | | |  | | |  | |
|  | | |  | | | | | | |  | | |  | | |  | |
|  | | |  | | | | | | |  | | |  | | |  | |
|  | | |  | | | | | | |  | | |  | | |  | |
| 信息确认 | | | | | | 本人承诺：以上填报信息均为真实信息，如有作假，后果自负。  承诺人：  日期： | | | | | | | | | | | |