**聊城市中医住院医师规范化培训报名申请表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | **性 别** | | |  | | **一寸彩照** |
| **出生年月** |  | | **政治面貌** | | |  | |
| **民 族** |  | | **婚 否** | | |  | |
| **本科毕业院校** |  | | | **本科毕业时间** | | |  | |
| **本科毕业证编码** |  | | | **本科学位证编码** | | |  | |
| **硕士研究生毕业**  **院校** |  | | | **硕士研究生毕业**  **时间** | | |  | |
| **硕士研究生毕业证编码** |  | | | **硕士研究生学位证编码** | | |  | |
| **博士研究生毕业**  **院校** |  | | | **博士研究生毕业**  **时间** | | |  | |
| **博士研究生毕业证编码** |  | | | **博士研究生学位证编码** | | |  | |
| **专业方向** |  | | | **专业类型（临床或科研）** | | |  | |
| **资格证书编码** |  | | | **取得时间** | | |  | |
| **执业证书编码** |  | | | **取得时间** | | |  | |
| **身份证号** |  | | | **执业证书注册专业** | | |  | |
| **家庭住址** |  | | | | | | | |
| **邮 编** |  | **手机号码** | | |  | | | |
| **邮 箱** |  | | | | | | | |
| **学习及工作经历（高中起点）** | | | | | | | | |
| **时 间** | | **主要内容** | | | | | | |
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**培训基地：聊城市中医医院 存档处：聊城市中医医院住院医师规范化培训办公室**