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| 附件1 | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | |
|  | **江南大学附属医院2023年住院医师规范化培训**  **社会化/单位委托培养学员报名表** | | | | | | | | | | | | | | | | | | | | | | | | |
| 报名序号： | |  | | | | |  | | | | 报名日期： 年 月 日 | | | | | | | | | | | | | | |
| 基本情况 | 姓名 |  | | | | | 性别 | | | |  | | | | | 出生年月 | | | |  | | | | (贴照片) | |
| 民族 |  | | | | | 政治面貌 | | | |  | | | | | 健康状况 | | | |  | | | |
| 身份证号码 |  |  |  |  |  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  |  | | |
| 英语能力 |  | | | | | 计算机能力 | | | | | | | | |  | | | | | | | |  | |
| 报名学员类型 | □本单位人 □委培单位人 □社会化学员 | | | | | | | | | | | | | | | | | | | | | | | |
| 已取得最高学历 |  | | | | | 学历证书编号 | | | | | | | | |  | | | | | | | | | |
| 已取得最高学位 |  | | | | | 学位证书编号 | | | | | | | | |  | | | | | | | | | |
| 学位类型 | □学士 □科学型硕士 □临床专业型硕士 □科学型博士 □临床专业型博士 | | | | | | | | | | | | | | | | | | | | | | | |
| 手机号码 |  | | | | | 电子邮箱 | | | | | | | | |  | | | | | | | | | |
|  | 爱好特长 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 执业情况 | 医师资格证书取得情况 | | | | | | □是 □否 | | | | | | | | 医师执业证书取得情况 | | | | | | | | □是 □否 | | |
| 医师资格证书编号 | | | | | |  | | | | | | | | | | | | | | | | | | |
| 医师执业证书编号 | | | | | |  | | | | | | | | | | | | | 执业范围 | | | | |  |
| 报名情况 | 拟申请培训专业 | | | | | |  | | | | | | | | | | | | | | | | | | |
| 是否参加过规范化培训 | | | | | | □是，培训基地： □否 | | | | | | | | | | | | | | | | | | |
| 教育情况 | 学校 | | | | | | 起止年月 | | | | | | | | | 专业 | | | | 学历 | | | | | 学位 |
|  | | | | | |  | | | | | | | | |  | | | |  | | | | |  |
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|  | | | | | |  | | | | | | | | |  | | | |  | | | | |  |
| 承诺 | 我承诺以上信息真实可靠，愿意按规定全程完成住院医师规范化培训。 | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人签名： 日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 基地 | □同意 □不同意   公章： 日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |