**宿迁市中医院住院医师规范化培训学员报名表**

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| **基 本 情 况** | 姓名 |  | | | | | | | | 性别 | | | |  | | | | 出生年月 | | | | |  | | | | （贴照片处） |
| 政治面貌 |  | | | | | | | | 民族 | | | |  | | | | 健康状况  （既往病史） | | | | |  | | | |
| 身份证号 |  | |  |  |  |  | |  | |  |  |  | |  | |  |  |  |  |  | | |  |  |  |
| 外语水平 |  | | | | | | | | 计算机能力 | | | | | |  | | | | | | | | | | |
| 最高学历 |  | | | | | | | | 毕业证书编号 | | | | | |  | | | | | | | | | | | |
| 最高学位 |  | | | | | | | | 学位证书编号 | | | | | |  | | | | | | | | | | | |
| 学位类型 | □科学型 □专业型 | | | | | | | | 通讯地址 | | | | | |  | | | | | | | | | | | |
| 电子邮箱 |  | | | | | | | | 住宅电话 | | | | | |  | | | | | | 手机 | | | | |  |
| **报 名 情 况** | 拟从事专业及方向 | | | | | | |  | | | | | | | | 执业范围 | | | | | |  | | | | | |
| 医师资格证书取得时间 | | | | | | |  | | | | | | | | 医师资格证书编号 | | | | | |  | | | | | |
| 医师执业证书取得时间 | | | | | | |  | | | | | | | | 医师执业证书编号 | | | | | |  | | | | | |
| **教 育 情 况** | 入学时间 | | 毕业时间 | | | | | 学校名称 | | | | | | | | 专业 | | | | | | 学历 | | | | | 学位 |
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| **工 作 情 况** | 工作时间 | | | | | | | 聘用单位名称 | | | | | | | | 聘用单位级别 | | | | | | 从事岗位 | | | | | |
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| **个 人 承 诺** | **1、本人承诺以上信息真实可靠。**  **2、本人自愿全程在宿迁市中医院接受住院医师规范化培训。**  本人签字：年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **委 派 单 位 承 诺** | **该同志为我单位正式招聘职工，现本单位委派其全程在宿迁市中医院接受中医类别住院医师规范化培训，并承诺不因单位工作等原因将该医师调回，本单位将在培训期间积极配合培训基地的各项管理。**  院长签字： 单位盖章： | | | | | | | | | | | | | | | | | | | | | | | | | | |

宿迁市中医院住院医师规范化培训基地办公室 制表