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| **国家中医类别住院医师规范化培训（无锡）基地**  **社会化学员申请表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | |  | | | | | | | | | | | |
| 最高学历 |  | | | | | | | | | 学历证书编号 | | | | | | | | | |  | | | | | | | | | | | | | |
| 最高学位 |  | | | | | | | | | 学位证书编号 | | | | | | | | | |  | | | | | | | | | | | | | |
| 手机号码 |  | | | | | | | | | 电子邮箱 | | | | | |  | | | | | | | | | | 兴趣特长 | | | | | | |  |
| **执业情况** | | 医师资格证书取得情况 | | | | | | | | □是 □否 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医师资格证书编号 | | | | | |  | | | | | | | | | | | | | | | 医师执业证书编号 | | | | | | | | | |  | | |
| **报名情况** | | 培训专业 | | □ 中医 （二级专业： ） □ 中医全科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 培训年限 | | □3年（本科、科硕、科博）、□2年（临床型硕士）、□1年（临床型博士） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **教育情况** | | 起止年月 | | | | 毕业院校 | | | | | | | | | | 专业 | | | | | | | 毕业后学历学位 | | | | | 获奖与社会工作 | | | | | | | |
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| **工作情况** | | 起止年月 | | | | 工作单位 | | | | | | | | | | 科室 | | | | | | | 职称职务 | | | | | 获奖与社会工作 | | | | | | | |
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| **承诺** | | 我承诺以上信息真实可靠，愿意在培训基地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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **备注** | | 提交申请表时请提供相关报名材料（具体材料见招生公告） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

备注：“培训类别”如果选“中医”，“二级专业”选择范围：中医内科、中医外科、中医妇科、中医儿科、针灸科、推拿科、中医康复科、骨伤科、中医耳鼻喉科、中医眼科。**请根据今后拟从事工作选择相关专业，谨慎填报。**