附件 1：

**绵阳市中医医院住院医师规范化培训报名表（2023年）**

**报名类别（选择打勾）： 1.社会化学员 □ 2.单位委培学员 □**

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| 姓 名 | |  | | | | | 出生日期 | | | |  | | | | 贴  一  寸  彩  照  （不限照片底色） | | | |
| 性 别 | |  | | | | | 籍 贯 | | | |  | | | |
| 民 族 | |  | | | | | 健康状况 | | | |  | | | |
| 政治面貌 | |  | | | | | 婚姻状况 | | | |  | | | | 既往  病史 | |  | |
| 毕业学校 | |  | | | | | 所学专业 | | | |  | | | | 毕业时间 | |  | |
| 外语水平 | |  | | | | | 学 历 | | | |  | | | | 学 位 | |  | |
| 身份证号 | |  | | | | | | | | | | | | | 有无执业  资格证 | |  | |
| 培训科别志愿 第一： 第二： 第三： | | | | | | | | | | | | | | | | | | |
| 生源地： 省 市 [县、区] | | | | | | | | | 工作单位： | | | | | | | | | |
| 家庭住址： 家庭电话： 邮编： | | | | | | | | | | | | | | | | | | |
| 本人联系方式 | | 手 机 | | | |  | | | | | | | 通讯地址 | |  | | | |
| E-mail | | | |  | | | | | | | 其它方式 | |  | | | |
| **工作（实习）经历** | | | | | | | | | | | | | | | | | | |
| 临床工作起止时间 | 时间  长度 | | 医 院  名 称 | | 医 院级 别 | | | 科 室 | | | | 职 务 | | 证明人 | | 证明人  职务 | | 备注 |
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| 参加住院医师培训最大的几点愿望 | | |  | | | | | | | | | | | | | | | |
| 参加住院医师培训最大的几点顾虑 | | |  | | | | | | | | | | | | | | | |
| **履 历（需包括高中及以上学历）** | | | | | | | | | | | | | | | | | | |
| 年月日 至 年月日 | | | | 在何学校(单位) | | | | | | 何种学历(职业、职务) | | | | | | | | |
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| 单位意见  （单位委培学员  的送培单位需填写并盖章） | | | | 送培意见：  送培单位（单位盖章）：  年 月 日 | | | | | | | | | | | | | | |
| 备 注 | | | |  | | | | | | | | | | | | | | |