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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **附件1**  **住院医师规范化培训学员申请表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 培训年限 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **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 | | | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | **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 | | | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | **承诺** | 我承诺以上信息真实可靠，愿意在温州医科大学附属康宁医院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（具体材料见招生简章） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |