宿迁市第一人民医院住院医师规范化培训

单位委托培养学员报名登记表

报名序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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 | 报考培训专业 | | | | | | |  | | | | | | | | 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 | 入学日期 | | 毕业日期 | | | | | 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第一人民医院接受住院医师规范化培训。**  本人签字：年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 委派单位意见 | **该学员已招聘为本单位 岗位医师，现本单位同意委派该住院医师全程在宿迁市第一人民医院接受住院医师规范化培训，并承诺不会因单位工作等原因将该医师调回，且在培训期间将积极配合培训基地的各项管理。**  院长签字： 单位盖章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |

宿迁市第一人民医院 教育处制表