郑州大学第三附属医院进修申请表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 |  | | 年龄 |  | | | 职称 | |  | |
| 工作单位 | |  | | | | | | | | | | | | |
| 身份证号码 | |  | | | | | | | | 手机 | |  | | |
| 进修科室 | |  | | | | 进修时间 | | | 年 月至 年 月 | | | | | |
| 医师（技师）资格 | | 证书编码 | | | |  | | | | | | | | |
| 发证机关 | | | |  | | | | | | | | |
| 发证日期 | | | |  | | | | | | | | |
| 执业证书 | | 证书编码 | | | |  | | | | | | | | |
| 发证机关 | | | |  | | | | | | | | |
| 发证日期 | | | |  | | | | | | | | |
| 执业地点(与证书显示必须完全一致) | | | |  | | | | | | | | |
| 简 历 | | | | | | | | | | | | | | |
| 起止时间 | | | 主要学习和工作经历 | | | | | | | | | | | 职称 |
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| 选送单位意见 | | | 签字 盖章 年 月 日    备注：选送单位领导签字须知，因国家医疗处理条例的颁布执行，我院规定进修人员在我院学习期间如发生任何医疗事故，将由选送单位负全部责任。签字表示同意此条款，有异议请不要签字！ | | | | | | | | | | | |