贵州省中医类别助理全科医生培训报名表

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| 姓名 |  | | | | | 出生日期 | | |  | | | 贴  一  寸  彩  照 | | |
| 性别 |  | | | | | 籍贯 | | |  | | |
| 民族 |  | | | | | 健康状况 | | |  | | |
| 政治面貌 |  | | | | | 婚姻状况 | | |  | | | 既往病史 | |  |
| 外语水平 |  | | | | | 学历 | | |  | | |
| 毕业学校 |  | | | | | 学位 | | |  | | | 有无医师执业证书 | |  |
| 所学专业 |  | | | | | | | | | | | 毕业时间 | |  |
| 身份证号 |  | | | | | | | | | | | 是否应届生 | |  |
| 培训基地志愿： | | | | | | | | | | | | | | |
| 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（实习）起止时间 | | 医院  名称 | | | 医院级别 | | | 职务 | | | 证明人 | | 证明人  现任何职 | 证明人  联系电话 |
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| 参加中医类别助理全科医生培训最大的几点愿望 | |  | | | | | | | | | | | | |
| 参加中医类别助理全科医生培训最大的几点顾虑 | |  | | | | | | | | | | | | |
| 履历（包括中学以上学历） | | | | | | | | | | | | | | |
| 年月日至年月日 | | | 何学校(单位) | | | | 何种学历(职业、职务) | | | | | | | |
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| 单位意见 | | | （盖章） | | | | | | | | | | | |
| 备注 | | |  | | | | | | | | | | | |

填表说明：工作（实习）经历中已工作者，二者均要填写，尚未参加工作者，需将所实习的科室如实填写。无工作单位人员其单位意见由档案所在部门负责填写。