附件1

进修人员申请表

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| 姓名 |  | 性别 | | |  | | 年龄 |  | | 婚否 | |  | | 贴照片处 | | |
| 政治面貌 |  | 籍贯 | | |  | | 文化程度 |  | | 健康状况 | |  | |
| 工作单位 |  | | | | | | 邮箱 |  | | | | | |
| 选送单位医教部门联系电话 |  | | | | | | 职称 |  | | 联系电话 | |  | | | | |
| 执业证  书编码 |  | | 执业地点 | | |  | | 执业类别 |  | | | | 执业范围 | | |  |
| 申请进  修专业 |  | | | | | | 申请进  修时间 |  | | | | | | | | |
| 主  要  学  历 | 起止时间 | | | 学校名称 | | | | | | | 职务 | | | | 证明人 | |
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| 主  要  工  作  经  历 | 起止时间 | | | 工作单位名称 | | | | | | | 技术职称 | | | | 证明人 | |
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| 本人  政治  表现 |  |
| 本人  现有  业务  水平 |  |
| 送培医院  意见 | 医院负责人：        （盖章）      年    月    日 |
| 接收  单位  意见 | （盖章）       年    月    日 |
| 备注 | 是否住宿：是    否 |