附件1

广西西医学习中医培训班报名表（ 年）

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 |  | 出生  年月 | |  | | 近期一寸正面  免冠照 | |
| 政治面貌 |  | | 民族 |  | 身份证号码 | |  | |
| 何时毕业于何校何专业 | | | | |  | | | | | |
| 专业技术职务 | | | □**执业医师**  □**助理执业医师** | | | | | 执业注册时间 |  | |
| 执业范围 | | |  | | | | | 执业地点 |  | |
| 何时从事本专业工作 | | | |  | | 专业  学科 | |  | | |
| 专业特长 | |  | | | | | | 电子邮箱 | |  |
| 工作单位 | |  | | | | | | 联系电话 | |  |
| 家庭住址 | |  | | | | | | 邮政编码 | |  |
| **个人简历**(包括最后学历学习时间和主要工作简历): | | | | | | | | | | |
| **学员所在单位推荐意见：**  **单位盖章**  **日期：** | | | | | | | | | | |

广西中医药大学继教制

附件2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **广西西医人员学习中医培训班**学员基本信息汇总表（ 年） | | | | | | | | | | | | | | |  | |  |
| 医院 | | | | | | | | | | | | | | |  | |  |
| **序号** | **姓名** | **性别** | **民族** | **出生年月** | **籍贯** | **学历** | **毕业院校** | **执业注册时间** | **执业范围** | **执业地点** | **职称** | **授予时间** | **专业** | **身份证号码** | **参加工作**  **时间** | **现任职务** | **备注** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

广西中医药大学继教制