**附件2：**

**河北省中医院**

**学术传承高级研修班报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | 性别 | | |  | | | 出生年月 | | | | | |  | | | | | | | | | | 学历 | | | | | | | |  | | | | | | | | 民族 | | | | | | |  | | | | | |
| 身份证号码 | | | | |  | |  |  | |  | |  |  | | |  | | |  | | | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | |  | | | |  | |  | |
| 何时毕业于何校何专业 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专业技术职务 | | | |  | | | | | | | 何时受聘 | | | | | | | | | | |  | | | | | | | | | | | | | | 行政职务 | | | | | | | | | |  | | | | | | | | | |
| 已有医学专业学位 | | | | | | 学士 硕士 博士 | | | | | | | | | | | | | | 申请临床医学专业学位 | | | | | | | | | | | | | | | | | | | | | | 硕士 博士 | | | | | | | | | | | | | |
| 从事专业 | |  | | | | | | | | | | | | 从事本专业工作时间 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 专业特长 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 身体状况 | | | | | | | | | |  | | | | | | | | | |
| 工作单位 | |  | | | | | | | | | | | | 邮政编码 | | | | | | | | | | |  | | | | | | 单位电话 | | | | | | | | | | | |  | | | | | | | | | | | | |
| 家庭住址 | |  | | | | | | | | | | | | | | | | | | | | | | | 住宅电话或手机 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 指导老师姓名 | | |  | | | | | | 身份证号码 | | | | | |  | | |  | | |  | |  | | |  | |  |  | | |  | |  | | |  | |  | |  | | |  | | |  | |  | |  | |  | |  |
| **个人简历（可另附页）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **以往在国内外公开发行期刊上发表的论文及成果奖励** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **申请从事传承学习的理由、是否能保证教学计划的完成**    签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **指导老师意见（明确是否同意带该传承人）**  签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **所在单位推荐意见（明确是否同意脱产）**  负责人（签章）： （单位盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **招生单位审核意见**  负责人（签章）： （单位盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |