**附件2**

**江苏省中西医结合医院**

**“社会化”住院医师规范化培训学员登记表**

报名序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **基 本 情 况** | 姓 名 |  | | | | | | | | 性别 | | |  | | | | 出生年月 | | | | |  | | | | | | （贴照片处） | |
| 政治面貌 |  | | | | | | | | 民族 | | |  | | | | 健康状况 | | | | |  | | | | | |
| 身份证号 |  | |  |  |  |  | |  |  |  |  | |  | |  | |  |  |  |  | | |  |  | |  |
| 外语水平 |  | | | | | | | | 是否取得执医证书（填写证书编号） | | | | | | |  | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | | | | | 邮政编码 | | | |  | |
| 电子邮箱 |  | | | | | | | | 联系电话 | | | | |  | | | | | | | | | 手 机 | | | |  | |
| 14天内是否有高风险地区（含境外）旅居史 |  | | | | | | | | 苏康码颜色 | | | | |  | | | | | | | | | 新冠病毒核酸检测结果 | | | |  | |
| **报名情况** | 培训类别 | | | | □ 中医 □ 中医全科 | | | | | | | | | | | | | | | | | | | | | | | | |
| 培训学科（如选“中医”类别需勾选一项） | | | | □ 中医内科，□ 中医外科，□ 中医妇科，□ 中医儿科，□ 中医骨伤科，□ 针灸科、推拿科、中医康复科，□ 中医耳鼻喉，□ 中医眼科 | | | | | | | | | | | | | | | | | | | | | | | | |
| 培训时间 | | | | □ 3年（ 本科、科硕、科博） □ 2年（临床型硕士） □ 1年（临床型博士） □其他 | | | | | | | | | | | | | | | | | | | | | | | | |
| **教育情况** | 入学日期 | | 毕业日期 | | | | | 学校名称 | | | | | | | | | 专 业 | | | | | | | | | 学 历 | | | 学 位 |
|  | |  | | | | |  | | | | | | | | |  | | | | | | | | |  | | |  |
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| **所经历的社会工作、任职及获奖情况** | 时 间 | | | | 社会工作及任职情况 | | | | | | | | | | | | | | | | | | 获奖情况 | | | | | | |
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| **承诺** | 我承诺以上信息真实可靠，否则自动取消住培报名资格。  签字： 日期： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |