**北京协和医院进修生申请表**

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| 申请进修科室/专科 |  | | | | | | | 申请进  修时段 | | | 3月份 □  9月份 □ | | | | | |
| 姓 名 |  | 性别 | |  | | 年龄 | | |  | 职称 | |  | | 婚否 | |  |
| 身份证号 |  | | | | | | | | | | | | | | | |
| 医师资格 | 编 码 | | | |  | | | | | | | | | | | |
| 发证机关 | | | |  | | | | | | | | | | | |
| 发证日期 | | | |  | | | | | | | | | | | |
| 执业证书 | 编 码 | | | |  | | | | | | | | | | | |
| 发证机关 | | | |  | | | | | | | | | | | |
| 发证日期 | | | |  | | | | | | | | | | | |
| 工作单位 |  | | | | | | | | | 邮政编码 | | |  | | | |
| 毕业学校 |  | | | | | | | | | 毕业时间 | | |  | | | |
| 学 制 |  | | 政治面貌 | | | |  | | | 参加工作时间 | | | | |  | |
| **简 历** | | | | | | | | | | | | | | | | |
| 起 止 | 主要学习和工作经历 | | | | | | | | | | | | | | 职 称 | |
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| 外文程度 |  | | | | | | | | | | | | | |  | |
| 业务水平 |  | | | | | | | | | | | | | |  | |

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| 培训的主要要求： |
| 医德表现及科学作风： |
| 选送单位意见（加盖公章）： |
| 接受单位意见： |

注1：培训期间在京住宿需自行解决

进修生信息表发送邮箱：xiehejinxiu@163.com

进修生申请表邮递地址：北京市东城区帅府园1号，北京协和医院，教育处，邮政编码：100730

注2：1、临床医师、病理、超声、放射科医师，请同时邮寄学位证、医师资格证、执业证、身份证复印件各一份；

2、其他人员需身份证复印件一份；

3、进修生信息表与申请表须同时发送，缺一不可。

4、请在信封表面注明进修申请表。