**研究者简历**

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| --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | | **科室** | |  |
| **性别** | |  | | **出生年月** | |  |
| **职务** | |  | | **职称** | |  |
| **联系电话** | |  | | **邮箱** | |  |
| **医生（护士）执业证书编号** | |  | | **医生（护士）资格证书编号** | |  |
| **获得GCP证书：🞏 是**  **🞏 否** | | **接受GCP培训列表（请注明接受培训的时间、培训机构）：**  **1.**  **2.**  **3.** | | | | |
| **学习经历** | |  | | | | |
| **工作经历** | |  | | | | |
| **参与临床研究经验** | | **1.**  **2.**  **3.** | | | | |
| **发表文章** | | | | | | |
| **签名** |  | | **日期** | |  | |