**盐城市第三人民医院住院医师规范化培训学员申请表**

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| 姓 名 |  | | | | 性 别 | | | |  | | | 出生年月 | | | | |  | | | | 贴照片处 | | | |
| 政治面貌 |  | | | | 民 族 | | | |  | | | 籍 贯 | | | | |  | | | |
| 电子邮箱 |  | | | | 紧急联系人 | | | |  | | | 联系电话 | | | | |  | | | |
| 身份证号 |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | 外语水平 | | |  |
| 手机号码 |  |  |  |  | |  |  |  |  |  |  |  | 最高学历 | | | |  | | | | 最高学位 | | |  |
| 申请培训专业 |  | | | | | | | | | | | | | | | | | | | | 是否服从调配 | |  | |
| 高等教育经历 | 起止年月 | | | | | | 毕业院校 | | | | | 专业 | | | | | | 毕业后学位（学术型、专业型） | | | | | | |
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| 工作经历 | 起止年月 | | | | | | 工作单位 | | | | | | | | | | | 科室 | | | | 获奖与社会工作 | | |
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| 是否通过执业医师考试 | | | | | | | | | | | | | | | | | |  | | | | | | |