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| **科 室** | | |  | | | | **拟申报专业及**  **任职资格** | | | | |  | | | | | | | | | | | **（照片）** | | |
| **姓 名** | | |  | **性别** | |  | **民族** | | |  | | **出生**  **年月** | |  | | | | **年龄** | | | | **岁** |
| **学历情况** | | | **最高学历** | **毕业时间** | | | **毕业学校** | | | | | | | **所学专业** | | | | **学制** | | | | **学位** |
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| **专业工作技术况情** | | | **参加工作时间** | **执业医师类别**  **（具有医师资格人员填写）** | | | | | | | | | | **现任专业技术职务** | | | | | | | | **聘任时间** | | | |
|  |  | | | | | | | | | |  | | | | | | | |  | | | |
| **从事本专业工作年限** | | | **现有专业技术职务任职资格** | | | | | | | | **考取资格时间及审批机关** | | | | | | | | | | | |
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| **任期年度考核结果** | | | **2018年** | | | **2019年** | | | | | **2020年** | | | | **2021年** | | | | **2022年** | | | | | **2023年** | |
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| **继续医学**  **教育学分** | | | **总分** | | **其中Ⅰ类** | | | | **2019年** | | | | **2020年** | | | **2021年** | | | | | **2022年** | | | | **2023年** |
|  | |  | | | |  | | | |  | | |  | | | | |  | | | |  |
| **资历情况** | | | **急诊科轮转经历** | | | | | | | | | | **住培经历或住培管理工作经历** | | | | | | | | | | | | |
| **年 月 日——年 月 日** | | | | | | | | | | **年 月 日——年 月 日** | | | | | | | | | | | | |
| **业绩成果** | | **成果（期刊、获奖）类别** | | | | | | **成果（刊物、获奖）名称、取得时间、颁发单位** | | | | | | | | | | | | **角 色** | | | | | |
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| **个人承诺** | **本人承诺所提交的所有申报材料(包括:毕业证书、资格证书、获奖证书、考试合格证书及论文、业绩材料等)均真实有效。如提供虚假、失实的申报材料，本人愿就此承担相应责任,接受相关部门严肃处理。**  **签字：**    **年 月 日** | | | | | | | **科室意见及支部意见** | | | **（签字或盖章）**    **年 月 日** | | | | | | **护理部意见（护士** | | | **（所有申报人员均需请医务科签字，护理人员还需要请护理部签字）**  **（签字或盖章）**    **年 月 日** | | | | | |

**专业技术职务聘任材料审查表（2023年）**