**${resRegYear}年四川省中医住院医师规范化**

**培训学员注册申请表**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 人员类型 | ${doctorTypeName} | | | | | | | ${headImg^html} | | |
| 姓 名 | ${userName} | | | | 出生日期 | ${userBirthday} | |
| 性 别 | ${sexName} | | | | 籍 贯 | ${nativePlace} | |
| 民 族 | ${nationName} | | | | 健康状况 | ${healthStatus} | |
| 政治面貌 | ${political} | | 婚姻状况 | | ${maritalStatus} | 既往病史 | ${beforeCase} |
| 外语水平 | ${foreignSkills} | | | | 最高学历 | ${educationName} | 现工作  单位 | ${societyWork} | | |
| 毕业专业 | ${specialized} | | | | 学 位 | ${degreeName} | 有无医  师执照 | ${doctorLicenseFlag} | | |
| 毕业院校 | ${graduatedName} | | | | | | 最高学历毕业时间 | ${graduationTime} | | |
| 身份证号 | ${idNo} | | | | | | 是否  应届生 | ${yearGraduateFlag} | | |
| 规培  生源地 | ${birthProvName}${birthCityName}${birthAreaName} | | | | | | | | | |
| 家庭住址 | ${homeAddress} | | | | | 家庭电话 | ${homePhome} | | 邮编 | ${zipCode} |
| 本人联  系方式 | 手机  号码 | ${userPhone} | | | | 通讯地址 | ${userAddress} | | | |
| E-mail | ${userEmail} | | | | 其它方式 | ${otherWay} | | | |
| 毕业证书编号 | | | | ${certificateNo} | | | | | | |
| 学位证书编号 | | | | ${degreeNo} | | | | | | |
| 医师资格证编号 | | | | ${qualifiedNo} | | | | | | |
| 医师执业证书编号 | | | | ${regNo} | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 临床工作  起止时间 | 时间长度 | 医院名称 | 医 院级 别 | 科 室 | 职 务 | 证明人 | 证明人  现任何职 | 证明人  联系电话 |
| #{clinicalRoundDate} | #{dateLength} | #{hospitalName} | #{hospitalLevel} | #{deptName} | #{postName} | #{witness} | #{witnessPost} | #{witnessPhone} |