${templeteName}

短期培训申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | ${userName} | | | 性 别 | | | ${sexName} | | | 年 龄 | | ${userAge} | | | |  | | --- | | ${headImg^html} | |
| 身份证号 | | ${idNo} | | | 民 族 | | | ${nationName} | | | 职 称 | | ${titleName} | | |
| 所在科室 | | ${deptName} | | | 工作年限 | | | ${jobYear} | | | 职 务 | | ${postName} | | |
| 联系电话（手机） | | | | ${userPhone} | | | | 选送单位纳税人识别号 | | | | | ${identificationNumber} | | | |
| 医师执业证书编码（必填） | | | | | | ${certifiedNo} | | | | 执业资格 | | | ${certifiedTypeName} | | | |
| 最高学历 | | | 起止时间 | | | | 毕业学校 | | | | 毕业专业 | | | 是否熟练电脑 | | |
| ${maxEduName} | | | ${maxEduDate} | | | | ${schoolName} | | | | ${schoolSpeName} | | | ${isComputer} | | |
| 选送单位及详细地址（请注明医院等级） | | | | | | ${sendComInfo} | | | | | | | | | | |
| 短期培训专业 | | ${speName} | | | | 短期培训时间 | | | ${stuTimeName} | | | 短期培训批次 | | | ${stuBatName} | |
| 短  期  培  训  目  的 | | ${studyAim} | | | | | | | | | | | | | | |
| 本人从  事专业  现有业  务水平 | | ${vocationalLevel} | | | | | | | | | | | | | | |
| 接受单位审查意见 | 科  室 | 科室负责人签字： 年 月 日 | | | | | | | | | | | | | | |
| 继  教  部 | 继续教育部盖章 年 月 日 | | | | | | | | | | | | | | |