**${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} | | | | | |
| **身份证号** | ${idNo} | | | | | | | | | **是否**  **应届生** | | | | ${yearGraduateFlag} | | | | | |
| **规培**  **生源地** | ${birthProvName}${birthCityName}${birthAreaName} | | | | | | | | | | | | | | **有无医**  **师执照** | | | | ${doctorLicenseFlag} |
| **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} | | | | | | **QQ** | ${qqCode} | | | **其它**  **方式** | | | | | ${otherWay} | | |
| **本科阶段** | **毕业**  **学校** | ${graduatedName} | | | | | | | | | **毕业**  **时间** | | ${graduationTime} | | | | | | |
| **毕业**  **专业** | ${specialized} | | | | | | | | | **学位** | | ${degreeName} | | | | | | |
| 硕士研究生阶段 | **毕业**  **学校** | ${maSchool} | | | | | | | | | **毕业**  **时间** | | ${maDate} | | | | | | |
| **毕业**  **专业** | ${maMajor} | | | | **学位** | ${maDegree} | | | | **学位**  **类型** | | ${maDegreeType} | | | | | | |
| **博士研究生阶段** | **毕业**  **学校** | ${phdSchool} | | | | | | | | | **毕业**  **时间** | | ${phdDate} | | | | | | |
| **毕业**  **专业** | ${phdMajor} | | | | **学位** | ${phdDegree} | | | | **学位**  **类型** | | ${phdDegreeType} | | | | | | |
| **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} | | | | | | | | | | | | | | | |

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| **工作单位** | ${workOrgName} | | |
| **医疗卫生机构** | ${medicalHeaithOrg} | | |
| **医院属性** | ${hospitalAttr} | **医院类别** | ${hospitalCategory} |
| **单位性质** | ${baseAttribute} | **基层医疗卫生机构** | ${basicHealthOrg} |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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} |

|  |  |  |  |
| --- | --- | --- | --- |
| **志愿填报信息** | | | |
| **基地名称** | ${recruitOrgName} | **专业名称** | ${recruit} |