附件**：**

山东大学齐鲁医院内镜诊疗技术培训班报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 | | | | |  | | | | 出生日期 | | | | | | 年 月 日 | | | | | | | | | | 照片  （加盖医院公章） | |
| 身份证号码 | |  |  |  | | |  |  |  | |  | |  | |  |  |  | |  | |  | | |  |  |  | |  |  |
| 民 族 | |  | | | | 参加工作  时间 | | | | | |  | | | | | | 政治面貌 | | | | | | | | |  | | |
| 最高学历/  学 位 | |  | | | | 职称 | | | | | |  | | | | | | 职务 | | | | | | | | |  | | |
| 电子邮箱 | |  | | | | | | | | | | 医师执业  证书编码 | | | | | | | | | |  | | | | | | | | | |
| 工作单位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位通讯地址  邮编 | | |  | | | | | | | | | | | | | | | | | | | | 联系  电话 | | | | 座机： | | | | |
|  | | | | | | | | | | | | | | | | | | | | 手机： | | | | |
| 主要  工作  学习  经历 | | 时 间 | | | 工 作 单 位 | | | | | | | | | | | | | | | | | | | | | | | | | | 任何职务 |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 申报  单位  意见 | | （盖章）  　　　　　 年 　 月 　 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 培训  单位  审批  意见 | | （盖章）  　　　　　 年 　 月 　 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**注：本表须用签字笔或蓝黑墨水钢笔填写，并在照片上加盖医院公章方有效。**