附件2：

北京市举办西医师学习中医培训

申报表

**培训机构**

**负 责 人**

**联系电话**

**填表日期**

北京市中医管理局制

二0二二年五月

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| **培训机构** | | |  | | | | |
| **联系人** | | |  | | **联系电话** | |  |
| **培训学员主要来源** | | |  | | **参加人数** | |  |
| **培训地址** | | |  | | **临床实践机构** | |  |
| **培训拟起止时间** | | |  | | **联系电话** | |  |
| **理论课程授**  **课**  **师**  **资** | **姓名** | **工作单位** | | **职称** | **学历** | **毕业学校** | **所授课程** |
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**临床实践指导教师**

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| **姓名** | **职称** | **工作单位** | **从事专科** |
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**注：临床跟师人员与临床指导教师的比例须＜3：1**

**理论课程教学计划及选用教材表**

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| **课程** | **教学时数** | **计划授课起止日期** | **教材选用（主编，出版社，出版时间）** |
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**理论课程教学计划及选用教材表**

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| --- | --- | --- | --- |
| **课程** | **教学时数** | **计划授课起止日期** | **教材选用（主编，出版社，出版时间）** |
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注：根据《北京市西医医师学习中医培训教学大纲》理论课程教学大纲部分制定教学计划，学时数应不少于550

**临床实践教学计划**

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| **科室** | **学时数** | **计划授课起止日期** |
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注：根据《北京市西医医师学习中医培训教学大纲》西学中培训临床实践指引制定临床实践计划，学时数应不少于300。

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| **北京市西学中培训管理办公室意见** | 盖章：  年 月 日 |
| **北京市中医**  **管理局意见** | 盖章：  年 月 日 |

（此表一式三份，西学中培训经市中医局认可后，分别由市中医局、北京市西学中培训管理办公室、培训机构存档）

附件3

北京市西医医师学习中医培训合格证明

同志于 年 月 日至 年 月 日参加经北京市中医管理局认可的西医医师学习中医培训班，完成850学时的学习，特此证明。

盖章（培训机构）

年 月 日

附件4

北京市西医师学习中医培训学员登记表

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| 姓 名 |  | 执业机构 |  |
| 性 别 |  | 身份证号 |  |
| 学 历 |  | 职 称 |  |
| 专 业 |  | 手 机 |  |
| 电子邮箱 |  | | |
| 医师资格证书编号 |  | 医师注册证书编号 |  |
| 个人简历 |  | | |
| 西学中培训理论课成绩 |  | | |
| 临床实践认定情况 | 优秀 良 合格 不合格 | | |
| 培训机构意见 | 是 否  同意申请参加西学中培训结业考核  培训机构盖章：  年 月 日 | | |

附件5

结业考核申请汇总名单表

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| 序号 | 姓名 | 性别 | 身份证号 | 工作单位 | 毕业学校 | 学历 | 职称 | 医师资格证号 | 医师注册证号 | 备注 |
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