附件3

培训编号：

医院培训申请表（公章）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | | 性别 | | |  | | | | | 民族 | | | |  | | | | 照  片  （1寸） |
| 身份证号 |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  | |  |  |  |
| 工作单位 |  | | | | | | 参加工作时间 | | | | | | | | 年 月 | | | | | | | |
| 联系电话 |  | | | | | | 电子邮箱 | | | | | | | |  | | | | | | | |
| 现从事的专业 |  | | | | | | 专业技术职称 | | | | | | | |  | | | | | | | |
| 最高学历 |  | | | | | | 执业医师证书编号（未注册可填无） | | | | | | | |  | | | | | | | |
| 申请培训单位 |  | | | | | | | | | | | | | | 申请培训科室 | | | | | | | |  |
| 申请培训时间 | 年 月 日 至 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 申请人  培训情况  说明  （培训目的） | 申请人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 培训单位  意见 | （公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |