附表1

第六批全国老中医药专家学术经验继承工作

指导老师申报表

省/自治区/市： 编号（No.）

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| 姓 名 | |  | | | | 性 别 | | | | | |  | | | | | 民 族 | | | | |  | | |
| 出生年月 | |  | | | | 学 历 | | | | | |  | | | | | 毕业院校 | | | | |  | | |
| 身份证号码 | |  |  |  |  |  | |  |  |  | |  |  | |  |  |  | |  | |  |  |  |  |
| 职 称 | |  | | | | 何时受聘 | | | | | |  | | | | | 在职或返聘 | | | | |  | | |
| 从事专业及方向 | |  | | | | 从事临床  工作时间 | | | | | |  | | | | | 行政职务 | | | | |  | | |
| 专业特长 | |  | | | | | | | | | | | | | | | 身体状况 | | | | |  | | |
| 工作单位 | |  | | | | | | | | | | | | | | | 移动电话 | | | | |  | | |
| 家庭住址 | |  | | | | | | | | | | | | | | | 住宅电话 | | | | |  | | |
| 是否已是  研究生导师 | | 否 □ 是□（硕士研究生导师□ 博士研究生导师□） | | | | | | | | | | | | | | | | | | | | | | |
| 继承人姓名 | |  | | | | 已有中医临床专业学位 | | | | | | 学士□ 硕士□  博士□ | | | | | 申请中医  专业学位 | | | | | 硕士□  博士□ | | |
| 身份证号码 | |  |  |  |  |  | |  |  |  | |  |  | |  |  |  | |  | |  |  |  |  |
| 继承人姓名 | |  | | | | 已有中医临床  专业学位 | | | | | | 学士□ 硕士□  博士□ | | | | | 申请中医  专业学位 | | | | | 硕士□  博士□ | | |
| 身份证号码 | |  |  |  |  |  | |  |  |  | |  |  | |  |  |  | |  | |  |  |  |  |
| **个人简历（包括大学以上学习简历、主要跟师简历和工作简历）** | | | | | | | | | | | | | | | | | | | | | | | | |
| **学习**  **简历** | | **年月至年月** | | | | | **学校或师从何人** | | | | | | | **专业** | | | | | | **学历及学位** | | | | |
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| **工作**  **简历** | | **年月至年月** | | | | | **单位** | | | | | | | **从事何种工作** | | | | | | **职务及职称** | | | | |
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| **主要学术经验、专长及成就（1000字以内）** | | | | | | | | | | | | | | | | | | | | | | | | |
| **承诺能够保证教学计划的完成**  签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| **现受聘单位推荐意见**  负责人（签章）： （单位盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| **专家委员会评议意见** | | | | | | | | | | | | | | | | | | | | | | | | |
| **专家委员会组成及签名** | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 单位 | | | | | | | | | | 职务 | | | | | | | 签名 | | | | | | |
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| **省级中医药管理部门审核意见**  负责人（签章）： （盖 章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| **国家中医药管理局审批意见**  （盖 章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |

附表2

第六批全国老中医药专家学术经验继承

工作继承人及专业学位申报表

省/自治区/市： 编号（No.）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | | | 性 别 | | | |  | | | | 出生年月 | | | | | | | |  | | | | | 民 族 | | | | | | | | |  | | | | |
| 学 历 |  | | | 毕业院校 | | | |  | | | | 毕业时间 | | | | | | | |  | | | | | 所学专业 | | | | | | | | |  | | | | |
| 身份证号码 |  |  |  |  |  | |  |  | |  | |  | |  | | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
| 职 称 |  | | | 何时受聘 | | | | | | | |  | | | | | | | | 行政职务 | | | | | | | | | |  | | | | | | | | |
| 已有中医临床  专业学位 | 学士□ 硕士□ 博士□ | | | | | | | | | | | 申请中医专业学位 | | | | | | | | | | | | | 硕士□ 博士□ | | | | | | | | | | | | | |
| 从事专业及方向 |  | | | | | | | | | | | 从事临床工作时间 | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 专业特长 |  | | | | | | | | | | | 身体状况 | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 工作单位 |  | | | | | | | | | | | 单位电话 | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 家庭住址 |  | | | | | | | | | | | 住宅电话或手机 | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 指导老师姓名 |  | | | 身份证号码 | | | | |  | |  |  |  | | |  |  | |  | |  |  | |  |  | |  | |  | | |  |  | |  |  | |  |
| **个人简历（包括大学以上学习简历和主要工作简历）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **学习**  **简历** | **年月至年月** | | | | | **学校** | | | | | | | | | **专业** | | | | | | | | | | | **学历及学位** | | | | | | | | | | | | |
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| **工作**  **简历** | **年月至年月** | | | | | **单位** | | | | | | | | | **从事何种工作** | | | | | | | | | | | **职务及职称** | | | | | | | | | | | | |
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| **以往在国内外公开发行期刊上发表的论文及成果奖励** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **申请从事继承学习的理由、是否能保证教学计划的完成**    签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **指导老师意见（明确是否同意带该继承人）**  签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **所在单位推荐意见（政治思想表现，医德医风，临床工作能力等）**  负责人（签章）： （单位盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **省级中医药管理部门审核意见**  负责人（签章）： （单位盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **国家中医药管理局审批意见**  （盖 章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：申报中医专业学位的继承人随表提交现有学位证书复印件。