附件1

**湖南航天医院卫生人员**

**进修申请表**

进修科别\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

姓 名\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

单位名称\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

邮政编码\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

联系电话\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**湖南航天医院科研教学部印制**

**进修人员资料审批表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申请进修科别 | | | | 进修时间 | | | | | | | | | | | | | 照片  粘贴  处 |
|  | | | | 年 月- 年 月 | | | | | | | | | | | | |
| 姓 名 |  | | | | 性别 | | |  | | 年龄 | | |  | | | |
| 民 族 |  | 政治面貌 | | |  | | | | | | | | | | | |
| 毕业学校 |  | | | | | | | | | | | | | | | | |
| 专 业 |  | | 学 历 | | | |  | | | | | 工作年限 | | | |  | |
| 执业类别 |  | | 职 称 | | | |  | | | | | 职 位 | | | |  | |
| 工作单位 |  | | | | | | | | 参加工作时间 | | | | |  | | | |
| 联系地址 |  | | | | | | | | | | | | | | | | |
| 联系电话 |  | | | | | 电子邮箱 | | | | |  | | | | | | |
| **简 历** | | | | | | | | | | | | | | | | | |
| 起 止 | 主要学习和工作经历（从大学开始） | | | | | | | | | | | | | | 职 务 | | |
|  |  | | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | | |  | | |
| 个人对培训的主要要求： | | | | | | | | | | | | | | | | | |
| 医德表现及业务水平： | | | | | | | | | | | | | | | | | |
| 申请人签名：  年 月 日 | | | | | | | | | | | | | | | | | |
| 选送单位意见：  签名： 盖章： 年 月 日 | | | | | | | | | | | | | | | | | |
| 接受科室意见：  签名： 盖章： 年 月 日 | | | | | | | | | | | | | | | | | |
| 科研教学部（护理部）意见：  签名： 盖章： 年 月 日 | | | | | | | | | | | | | | | | | |

注：如内容多可附页。