锦州市2024年公开招聘特岗全科医生报名表

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| **1．个人信息** | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | |  | | | | | | | 性 别 | |  | | | | | | | 电  子  照  片 | | | |
| 出生年月 | |  | | | | | | | 民 族 | |  | | | | | | |
| 籍 贯 | |  | | | | | | | 政治面貌 | |  | | | | | | |
| 学 历 | |  | | | | | | | 学 位 | |  | | | | | | |
| 专业技术资格 | |  | | | | | | | 婚姻状况 | |  | | | | | | |
| 户籍所在地 | |  | | | | | | | | | | | | | | | | | | | |
| 身份证号码 | |  | | | | | | 档案保管单位 | | | | | |  | | | | | | | |
| 家庭详细地址 | |  | | | | | | | | | | | 邮政编码 | | | | | | |  | |
| 联系电话 | |  | | | | | | | | | | | 电子邮箱 | | | | | | |  | |
| **2、执业医师资格相关信息** | | | | | | | | | | | | | | | | | | | | | |
| 医师资格证书编码 | | | |  | | | | | | | | 发证时间 | | | | | | | | |  |
| 执业等级（执业医师或执业助理医师） | | | |  | | | | | | | | | | | | | | | | | |
| 执业类别及范围（🗹） | | | | 临床类别全科医学专业 临床类别内科专业  中医类别全科医学专业 中医类别中医专业  其他，请详细注明（ ） | | | | | | | | | | | | | | | | | |
| 受聘前是否注册执业 | | | | 是 否 | | | | | | | | | | | | | | | | | |
| 医师执业证书编码 | | | |  | | | | | | | | | 发证时间 | | |  | | | | | |
| 受聘前执业地点 | | | |  | | | | | | | | | 执业范围 | | |  | | | | | |
| **3．教育培训情况（从中专填起，含进修和培训）**  **注：参加全科规范化培训、转岗培训、岗位培训情况也需填写** | | | | | | | | | | | | | | | | | | | | | |
| 起始年月 | 终止年月 | | | | | | 学校名称 | | | 专业 | | | | | | | 学历学位 | | | | |
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| **4、是否参加过省级卫生行政部门（含中医药管理部门）组织的全科医生规范化培训 转岗培训 岗位培训** | | | | | | | | | | | | | | | | | 是  否 | | | | |
| 考核是否合格 | | | | | 是 否 | | | | | | | | | | | | | | | | | |
| **5、工作经历**  **注：1.最后一个工作经历应与前页“受聘前执业地点”一致2. 请在工作单位后标注：**  **医疗机构等级。** | | | | | | | | | | | | | | | | | | | | | | |
| 起始年月 | 终止年月 | | | | | 工作单位 | | | | | | | | | 职称 | | | | 从事专业 | | | |
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| …… |  | | | | |  | | | | | | | | |  | | | |  | | | |
| 1. **考生诚信承诺** | | | | | | | | | | | | | | | | | | | | | | |
| 考生提出的信息资料必须真实准确，如本人不符合考生报名条件进行了报名，或所提交的信息资料虚假，考生必须无条件服从公开招聘工作主管部门的决定，由此产生的一切责任和后果由考生本人承担。  考生（签字）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查意见 | | | 审核人（签字）：      年 月 日 | | | | | | | | | | | | | | | | | | | |