**泸州市中医医院护士规范化培训学员报名表**

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| **姓 名** | |  | | **性 别** |  | | | 二  寸  彩  照 | |
| **年 龄** | |  | | **民 族** |  | | |
| **籍 贯** | |  | | **婚姻状况** |  | | |
| **政治面貌** | |  | | **身 高** |  | | |
| **健康状况** | |  | | **既往病史** |  | | |
| **高中毕业院校** | |  | | **毕业时间** |  | | **是否助产专业** | |  |
| **最高学历** | |  | | **最高学历毕业院校及专业** |  | | **最高学历毕业时间** | |  |
| **英语考级** | |  | | **身份证号** |  | | | | |
| **家庭住址** | |  | | | | | **是否取得护士资格证** | |  |
| **联系方式** | | **手 机** | |  | | | **父母联系电话** | |  |
| **电子邮箱** | |  | | | **其它联系方式** | |  |
| **何时何地何事**  **受过何种奖励** | |  | | | | | | | |
| **特长** | |  | | | | | | | |
| **学习及工作经历（临床轮训经历）** | | | | | | | | | |
| **年 月 日至年 月 日** | | | **学校或医院名称** | | | **实习轮转科室** | | | |
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| **申**  **请**  **人**  **意**  **见** | 自愿以规范化培训学员身份参加泸州市中医医院的护士规范化培训，培训科室服从医院安排。  **申请人签字**  **年** **月** **日** | | | | | | | | |