附件1：

**兰州大学第一医院进修申请表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | | **性别** | |  | **年龄** | |  | | | **职称** | |  |
| **毕业院校** | | | | |  | | | | | | | **毕业时间** | |  |
| **专业、学制** | | | | |  | | | | | | | **外语程度** | |  |
| **本人手机号码** | | | | |  | | | | | | | **从事本专业年限** | |  |
| **本人业务能力概述** | | | | |  | | | | | | | | | |
| **进修专业**  **（进修内、外科必须注明亚专业名称）** | | |  | | | | | **进修起止时间** | |  | | | | |
| **单位审核意见**  **（签章）** | | **盖章 年 月 日** | | | | | | | | | | | | |
| **通讯地址** | |  | | | | | | | | | | | | |
| **单位联系电话** | |  | | | | | | | | | **邮编** | |  | |
| **说明：1、进修条件：进修生须选拔在医疗卫生第一线工作、思想品德和职业道德良好、工作积极、身体健康、具有一定发展潜力、有培养前途、安心服务基层的卫生专业技术人员。**  **2、此表复印有效，以便多人申请。** | | | | | | | | | | | | | | |