**首都医科大学附属北京朝阳医院**

**护理人员进修申请表**

**进修生姓名**

**拟进修科室**

**进修生工作单位**

**申请日期**

**邮政编码**

**首都医科大学附属 邮政编码**

**北京朝阳医院 100020**

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| 姓 名 | |  | | | | | | 性 别 | |  | | | | 年 龄 | | |  | | | | 籍 贯 | |  |
| 民 族 | |  | | | 政治面貌 | | | | |  | | | | | | | 文化程度 | | | |  | | |
| 参加工作时间 | | | | | 年 月 | | | | | | | | | | | | 健康状况 | | | |  | | |
| 所在医院性质 | | | | □公立 □私立 | | | | | | 所在医院性质 | | | | | | □三级 □二级 □一级 | | | | | | | |
| 工作单位通讯地址 | | | | |  | | | | | | | | | | | | | | | | | | |
| 邮政编码 | | |  | | | | | | | | | | 座机电话 | | | | | | |  | | | |
| 电子邮箱 | | |  | | | | | | | | | | 手机号码 | | | | | | |  | | | |
| 现任职务 | | |  | | | | 职 称 | | |  | | | | | | | | 最终学历 | | | |  | |
| 学  历 | 时 间 | | | | | | 毕 业 院 校 | | | | | | | | | | | | | | | 学 制 | |
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| 工  作  经  历 | 时 间 | | | | | | | | 科 室 | | | | | | | | | | | | | | |
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| 家  庭  主  要  成  员 | 关 系 | | | | | 姓 名 | | | 年龄 | | 政治面貌 | | | | | | | | 工作单位及职务 | | | | |
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| 申请进修时间 | 年 月 |
| 申请进修时限 | 一年□ 半年□ 其他□ |
| 本人政治表现  及专业水平 |  |
| 拟进修专业  及有何要求 |  |
| 选送单位  科室意见 |  |
| 选送单位  护理部意见  （盖 章） |  |
| 接收单位  审核意见  （盖 章） |  |