附件3：

省优秀基层卫生骨干人才申报表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | | | | | **性别** |  | | | **民族** | |  | | **出生日期** | | |  | | **照片 （近期2寸彩照）** | |
| **身份证号码** | | | | |  | | | | | | | | | | | | | | |
| **第一学历** | |  | | | | **毕业院校及专业** | | | | | |  | | | | | | | |
| **最高学历** | |  | | | | **技术职称** | | |  | | | **医师级别（执业或助理）** | | | | | | |  |
| **执业类别（临床、预防、口腔等）** | | | | | | | | | |  | | | | | | | | | |
| **执业范围（全、内、外、妇等科）** | | | | | | | | | |  | | | | | | **职务** |  | | |
| **工作单位** | | |  | | | | | | | | | | | | | **手机** |  | | | | |
| **单位地址** | | | |  | | | | | | | | | | | | **邮编** |  | | | | |
| **从事医疗卫生专业工作年限** | | | | | | | | |  | | | | | **在基层医疗卫生机构累计工作年限** | | | | | | |  |
| **公开招募到苏北、苏中经济薄弱地区乡镇卫生院工作医学类专业人员（是/否）** | | | | | | | | | | | | | | | | | | | | |  |
| **工**  **作**  **简**  **历** | | |  | | | | | | | | | | | | | | | | | | |
| **主要 表彰奖 励情况** | | |  | | | | | | | | | | | | | | | | | | |
| **个人主要 工作实绩**  **(300字以内)** | | |  | | | | | | | | | | | | | | | | | | |
| **所在单位**  **推荐意见** | | | **推荐单位（盖章）**  **年    月    日** | | | | | | | | | | | | | | | | | | |
| **县(市、区)卫生计生部门推荐意见** | | | **推荐单位（盖章）**  **年    月    日** | | | | | | | | | | | | | | | | | | |
| **市卫生计生部门推荐意见** | | | **推荐单位（盖章）**  **年    月    日** | | | | | | | | | | | | | | | | | | |