**附件**

**成都市第三人民医院专科护士培训申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 性别 |  | | 年龄 | |  | | 民族 | |  | | 贴  照  片  处 |
| 籍贯 | | 省　　　　市（县） | | | | | | | 邮编 | | | |  | |
| 文化程度 | | |  | 健康状况 | |  | | | 政治面貌 | | | |  | |
| 工作单位 | | |  | | | | | | 电话 |  | | | | |
| 单位所在地 | | | |  | | | | | 职称、职务 | | | | |  | |
| 申请培训专业 | | | |  | | | | 培训时间 | | 20 年 月 | | | | E-mail： | |
| 护士执业证编号 | | | |  | | | | | 身份证号 | | |  | | | |
| 主要工作经历 |  | | | | | | | | | | | | | | |
| 单位推荐意见 |  | | | | | | | | | | | | | | |

**此表复印盖章有效**