 **电子科技大学医学院附属肿瘤医院·四川省肿瘤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** |  | | | | | | **政治面貌** | | | |  | |
| **文化程度** |  | | | | | | **职称/职务** | | | |  | |
| **工作单位** | **英语水平** | | | | | | | | | | | |
| **单位地址** |  | | | | | | | | | | | |
| **护理部电话** |  | | | | | **手机号码** | |  | | **QQ** | |  | |
| **申请培训专业** | | **肿瘤□/静脉 □**  **重症□/手术 □** | | | | **培训时间** | | **2021年 月** | | **邮编** | |  | |
| **护士执业证编号** | |  | | | | | | **最近注册时间** | |  | | | |
| **身份证号码** | |  | | | | | | | | | | | |
| **主要工作经历** | |  | | | | | | | | | | | |
| **选送单位意见** | | **（盖章）**  **年　　月　　日** | | | | | | | | | | | |
| **接受单位意见** | | **（盖章）**  **年　　月　　日** | | | | | | | | | | | |
| **备注** | |  | | | | | | | | | | | |