附件2

**云南省临床药师细菌真菌感染诊治理论培训班报名申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | | | | | | | 性别 | | |  | | | | | | 出生日期 | | | | | | 年 　月 | | | | | | | | | | | 照片  （加盖医院公章） |
| 身份证号码 | | | | |  |  | | |  | |  |  | |  | |  | |  | |  | |  |  |  | | |  | |  | |  |  |  |  | |
| 民 族 | | | |  | | | 专业技术职称 | | | | | | | |  | | | | | | | | | | | 职务 | | | | |  | | | | |
| 电子邮箱 | | | |  | | | | | | | | | | | | | | | | | 何种外语及水平 | | | | | | | | | |  | | | | |
| 工作单位 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学历／学位 | | | | | | | |  | | | | | | | | | 毕业院校/时间/专业 | | | | | | | | | | |  | | | | | | | | |
| 联系电话 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作简历 | 起止年月 | | | | | | | 单位 | | | | | | | | | | | | | | | | | | | | | | 工作部门 | | | | | 从事何种工作 | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | |
| 从事临床药学工作简况 | | （重点介绍在感染性疾病诊治方面的实践） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 选送医院意见：  盖 章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 项目组审核意见：  盖 章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**注：本表须用签字笔或蓝黑墨水钢笔填写，并在贴好的照片下部加盖医院公章方有效。**