**成都中医药大学附属医院**

**住院医师规范化培训委培计划表**

**西医类**

**（2017年度）**

送培单位（加盖医院公章）:

单位级别：

职能部门名称:

职能部门负责人：

填报人：

联系电话：

单位邮件地址：

**成都中医药大学附属医院继续教育部制**

**表1 成都中医药大学附属医院住院医师规范化培训委培学员统计表（西医类）**

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| --- | --- | --- | --- | --- | --- |
| **基地名称** | **送培人数（人）** |  | **项目** | **类别** | **送培人数（人）** |
| 内科 |  | 应往届  分类 | 应届生 |  |
| 外科 |  | 往届生 |  |
| 耳鼻喉科 |  | 学历分类 | 大专生 |  |
| 麻醉科 |  | 本科生 |  |
| 放射科 |  | 硕士研究生 |  |
| 检验科 |  | 博士研究生 |  |
| 合计 |  | 合计 |  |  |

**表2 住院医师规范化培训委培学员信息表（西医类）**

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| **序号** | **专业基地** | **姓 名** | **性别** | **身份证号码** | **毕业院校** | **学历** | **毕业专业** | **研究生**  **（专业学位/科学学位）** | **毕业时间** | | | **英语水平** | | **是/否有医师资格证** | | **移动电话** | |
| **年** | **月** |  | |  | |  | |
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（此表需同时上报Excel格式的电子版）