**附件： 成都医学院第一附属医院护士规范化培训报名表**

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| **姓 名** | | |  | | | | | **性 别** | |  | | 贴  小  二  寸  彩  照 | | |
| **出生年月** | | |  | | | | | **民 族** | |  | |
| **身 高** | | |  | | | | | **健康状况** | |  | |
| **政治面貌** | | |  | | | | | **身份证号** | |  | |
| **最高学历** | | |  | | | | | **学 位** | |  | |
| **毕业学校** | | |  | | | | | | | **所学专业** | |  | | |
| **毕业时间** |  | | | | | | **英语等级** | |  | | **计算机等级** | | |  |
| **护士执业证编号** | | | |  | | | | | | | **婚育情况** | | |  |
| **家庭地址** | |  | | | | | | | | | | | | |
| **联系方式** | | **本人电话** | | | |  | | | | | | | | |
| **电子邮箱** | | | |  | | | | | | | | |
| **有何特长** | |  | | | | | | | | | | | | |
| **获奖情况** | |  | | | | | | | | | | | | |
| **学习经历** | | | | | | | | | | | | | | |
| **年月日至年月日** | | | | | **学校名称** | | | | | | | | **专业** | |
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| **实习经历** | | | | | | | | | | | | | | |
| **年月日至年月日** | | | | | **医院名称** | | | | | | | | **轮转科室** | |
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| **个人申明：本人保证所提交信息的真实性、合法性，承担因填写不实而产生的一切后果。**  **签 名**（请勿打印，须亲笔书写）**：**  **年 月 日** | | | | | | | | | | | | | | |