附件4

申报基层高级卫生专业技术职务任职资格人员简明情况表(基层系列)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 | |  | | | | | | | | | | | | | | | | | | | |
| 姓名 | |  | | | 性别 | | |  | | | | 出生年月 | | | | | |  | | | |
| 单位所属 | |  | | | 床位数 | | |  | | | | 医院等级 | | | | | |  | | | |
| 何年何校何专业毕业 及学制、学历、学位 | | | | |  | | | | | | | | | | | 参加工作 年月 | | |  | | |
| 执业类别 | | | | |  | | | | 现技术职务任职资格  及确认年月和专业 | | | | | | | |  | | | | |
| 执业范围 | | | | |  | | | | 现技术职务任职资格  及聘任年月和专业 | | | | | | | |  | | | | |
| 现党政职务 | | | | |  | | | | 申报专业及 申报技术职务任职资格 | | | | | | | |  | | | | |
| 高级专业技术实践技能考试 | | | | | | | | | | | | | | | 接受几个年度的继续医学教育 | | | | | | |
| 年度 |  | | | 专业 | | |  | | | 成绩 | | |  | |  | | | | | | |
| 任现职以来  进修起止年月、进修单位 | | | | | |  | | | | | | | | | | | | | | | |
| 规范化培训或全科医师培训  （培训单位、培训专业、起止年月） | | | | | | | |  | | | | | | | | | | | | | |
| 任现职以来  工作年度 | | |  | | |  | |  | | |  | | |  | | | |  | |  |  |
| 岗工作日天数 | | |  | | |  | |  | | |  | | |  | | | |  | |  |  |
| 服务/诊治病人例（台）数 | | |  | | |  | |  | | |  | | |  | | | |  | |  |  |
| 疑难病症处理例（台）数 | | |  | | |  | |  | | |  | | |  | | | |  | |  |  |
| 年度考核等级 | | |  | | |  | |  | | |  | | |  | | | |  | |  |  |
| 医德考评等级 | | |  | | |  | |  | | |  | | |  | | | |  | |  |  |

填报单位（盖章）：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 任期内各年度病案或专题报告 | 序号 | | 年度 | 病案或专题报告题目 | |
| 1 | |  |  | |
| 2 | |  |  | |
| 3 | |  |  | |
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| 12 | |  |  | |
| 13 | |  |  | |
| 14 | |  |  | |
| 15 | |  |  | |
| 16 | |  |  | |
| 任现职以来学术论文(题目、第几作者、 期刊名称、发表年月、CN刊号、出版社省市) | | | | |  |
| 任现职以来专著（译著）名称、 出版物刊号、出版日期、出版社名称 | | | | |  |
| 任现职以来获科技成果奖等情况 （题目、获奖年份、等级、授奖单位、第几作者） | | | | |  |
| 简述主要工作经历 | |  | | | |
| 单位  推荐  意见 | 以上填报内容经审核属实，并经公示（公示期为 年 月 日至 月 日），且未存在违纪违法等延迟申报问题，同意其申报。 | | | | |

注：1.表格内容要求打印(一式40份)（统一用A4纸、正反面打印）。

2.任期内各年度病案或专题报告要求:申报副高至少每个年度1篇,申报正高至少每个年度2篇。