**凉山彝族自治州第一人民医院护士规范化培训报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | | |  | | **性别** | | |  | | | **出生日期** | | | |  | | | **民 族** | | |  | | | **1寸蓝底近照** | |
| **护理专业**  **第一学历** | | |  | | **学 位** | | | |  | | | | **毕业学校** | | |  | | | | | | | |
| **籍贯** | | |  | | | | **婚姻状况** | | |  | | | | **政治面貌** | |  | | | | **身高（cm)** | | |  |
| **身份证号** | | |  | | | | | | | | | **护士执业证书编号或资格考试成绩** | | | |  | | | | | | | |
| **特长** | | |  | | | | | | | | | **其他证书获得情况** | | | |  | | | | | | | | | |
| **本人联**  **系方式** | | | **联系电话1** | | |  | | | | | | **既往病史** | | |  | | | | | | | **外语等级** | | |  |
| **联系电话2** | | |  | | | | | | **健康情况** | | |  | | | | | | | **计算机等级** | | |  |
| **家庭主要**  **成员情况** | | | **父亲姓名** | | |  | | | | | | **工作单位** | | |  | | | | | | | **联系电话** | | |  |
| **母亲姓名** | | |  | | | | | | **工作单位** | | |  | | | | | | | **联系电话** | | |  |
| **家庭住址** | | |  | | | | | | | | | | | | **邮 编** | | | | | |  | | | | |
| **学**  **习**  **经**  **历** | **起 止 时 间** | | | **所 在 学 校** | | | | | | | | | | | **专业** | | **学历** | | **担任何职务** | | | | | | |
|  | | |  | | | | | | | | | | |  | |  | |  | | | | | | |
|  | | |  | | | | | | | | | | |  | |  | |  | | | | | | |
|  | | |  | | | | | | | | | | |  | |  | |  | | | | | | |
|  | | |  | | | | | | | | | | |  | |  | |  | | | | | | |
| **实习** | **起 止 时 间** | | | **实 习 单 位** | | | | | | | | **轮 转 科 室** | | | | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | | | | | | | | | | | |
| **获奖情况** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **参加护士规范化培训的主要目的** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **个人声明：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）：** | | | | | | | | | | | | | | | | | | | | | | | | | |