特岗全科医生公开招聘报名表

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 性 别 | |  | | 相 片 | | |
| 出生年月 |  | | 政治面貌 | |  | |
| 学 历 |  | | 学 位 | |  | |
| 籍 贯 |  | | 所学专业 | |  | |
| 身份证号 |  | | | | | | | | |
| 户籍所在地 |  | | | | | | | | |
| 家庭详细地址 |  | | | | 邮政编码 | |  | | |
| 联系电话 |  | | | | 电子邮箱 | |  | | |
| 资格证书编码 | |  | | | | | | | |
| 执业类别 | |  | | | | | | | |
| 执业医师证书编码 | |  | | | | | | | |
| 执业范围 | |  | | 报名前是否注册执业 | | | |  | |
| 执业地点 | |  | | | | | | | |
| 省级卫生计生行政部门组织的全科医生规范化培训、转岗培训或岗位培训考核是否合格（填写“是”、“否”或者“未参加”） | | | | | | | | |  |
| 报考岗位（填写××县××卫生院） | | | | | | | | | |
|  | | | | | | | | | |
| 是否服从调配（填写“是”或“否”） | | | | | |  | | | |