艰苦边远地区特岗全科医生基本信息登记表

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 市 |  |  |  | 县（市、区） |  | 乡（镇）卫生院 |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 1.个人信息 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 姓 | 名 |  |  |  |  | 性 | 别 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 出生年月 |  |  |  |  | 民 | 族 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 籍 | 贯 |  |  |  |  | 政治面貌 |  |  | 相 片 |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 学 | 历 |  |  |  |  | 学 | 位 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 专业技术资格 |  |  |  |  | 身份证号 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 户籍所在地 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 婚姻状况 |  |  |  |  | 档案保管单位 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 家庭详细地址 |  |  |  |  |  |  |  | 邮政编码 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 联系电话 |  |  |  |  |  |  |  | 电子邮箱 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 2.执业医师资格相关信息 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 医师资格证书号码 |  |  |  |  |  |  |  | 发证时间 |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  | □临床类别全科医学专业 | □中医类别全科医学专业 |
| 执业类别及范围 | □临床类别内科专业 | □中医类别中医专业 | □其他，请 |
|  |  |  | 注明： |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 受聘前是否注册执业 | □是 | □否 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 医师执业证书编码 |  |  |  |  | 发证时间 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 执业地点 |  |  |  |  | 执业范围 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |



3.教育培训情况（从中专填起，含进修和培训）

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 起始年月 | 终止年月 | 学校名称 | 专业 | 学历学位 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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| --- | --- |
| 4.是否参加过省级卫生健康行政部门（含中医药管理部门）组织的 □是 |  |
| 全科医生规范化培养、转岗培训或者岗位培训 |  | □否 |  |
|  |  |  |  |  |  |
| 考核是否合格 |  | □是 | □否 |  |
|  |  |  |  |  |  |
| 5.工作经历 |  |  |  |  |  |
|  |  |  |  |  |  |
| 起始年月 | 终止年月 | 工作单位 | 职称 |  | 从事专业 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

6.特岗全科医生所在乡镇卫生院基本情况

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 乡镇卫生院名称 |  | 县（市、区） |  |  |  | 乡（镇）卫生院 |
|  |  |  |  |  |  |  |  |
| 通讯地址 |  |  | 邮政编码 |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 法人代表 |  |  | 手机 |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 办公电话 |  |  | 传真电话 |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 7.受聘后执业注册情况 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 医师执业证书编码 |  |  |  |  | 变更或注 |  |
|  |  |  |  | 册时间 |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 执业地点 |  |  |  |  | 执业范围 |  |
|  |  |  |  |  |  |  |  |

备注：1.此表由受聘特岗全科医生填写，一式五份，服务的乡镇卫生院、本人人事 档案各存一份，逐级上报县、市卫生健康委（卫生计生委）和省卫生健康委，各存一份。

2.此表（含 word 文档）请市卫生健康委（卫生计生委）收集后，办理聘用 手续后 15 工作日内报送省卫生健康委人事处。