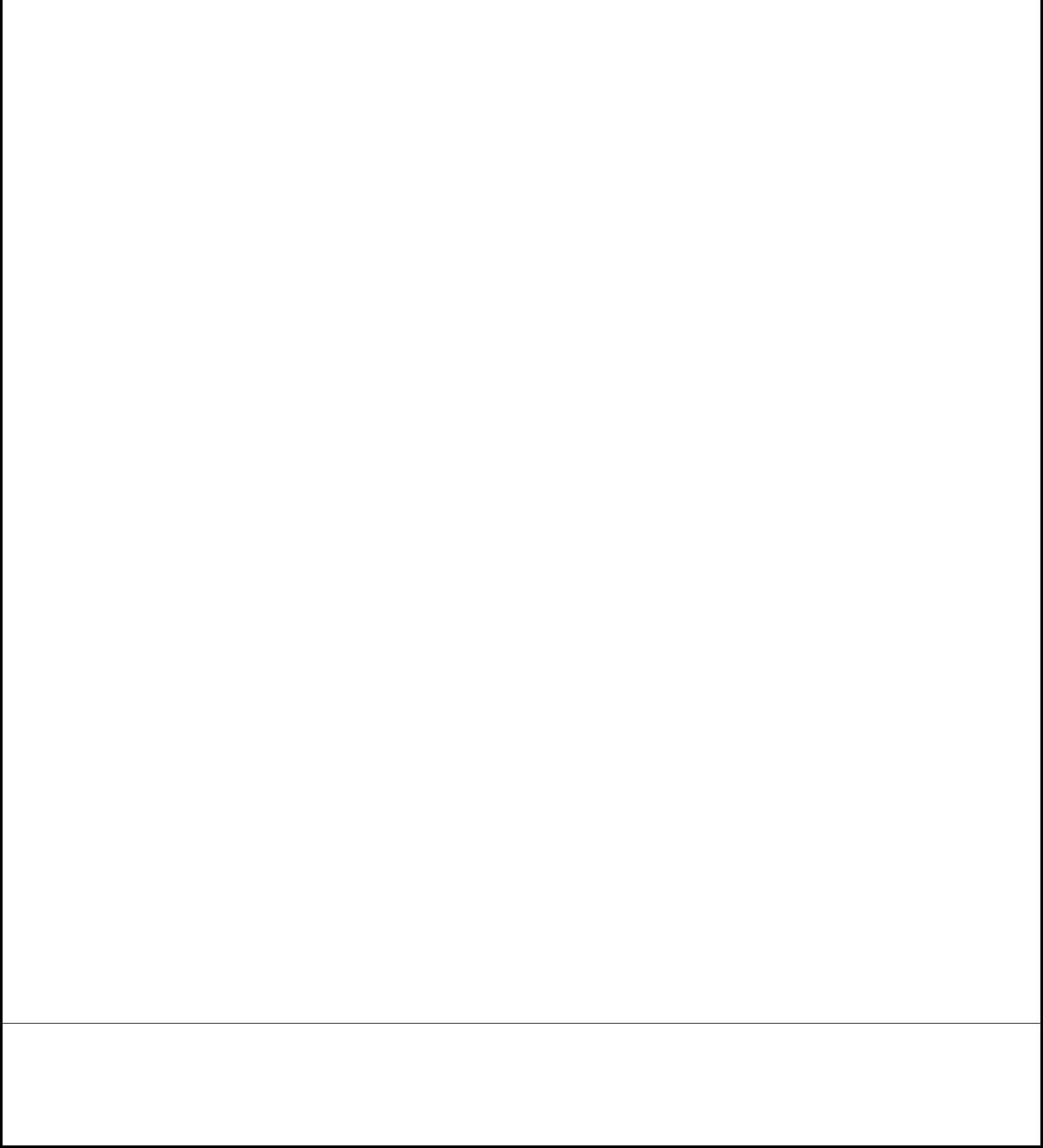
**招远市人民医院护理人员进修申请表**



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 |  |  |  |  | 性 |  |  | 年 | |  |  | 工作 |  |  |  |  |  |  |  |  |  | 邮 |  |  |
| 名 |  |  |  |  | 别 |  |  | 龄 | |  |  | 单位 |  |  |  |  |  |  |  |  |  | 编 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 联系电话 | |  |  |  |  |  | 学历 |  |  | |  | 毕业时间 | | | 年 | 月 |  |  | 职务： | |  |  |  |  |
|  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  | |  |  |
| 参加工作时间 | | |  |  | 年 | | 月 | | | |  | 职称： | | |  |  |  |  | 受聘任时间 | | | | 年 | 月 |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 执业证书编码： | | |  |  |  |  |  |  |  |  |  | 电子邮箱： | | |  |  |  |  |  |  |  |  |  |  |
|  | | |  | |  | | | |  | |  |  | |  | | | | |  |  |  | |  | |
| 年 月 | | | 省 | | 市注册护士执业证书 | | | | | |  | 申请进修期限： | | | | | | |  | | | |  | |
|  | | | | |  |  |  |  |  |  |  |  |  |  |  | | | | |  |  | |  |  |
| 进修护理专业/科室 | | | | |  |  |  |  |  |  | | | | | | | | | | | | |  |  |
|  | | |  |  |  | |  |  |  | | |  |  | | | | | | | | | |  |  |
| 工作简历 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 工作单位推荐意见 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 年 | 月 | 日 （盖章） | | | | | |  |  |

**备注：**一、依法取得护士执业证书并已注册，具备良好的职业道德和医疗执业水平。正规护理院校毕业,本专业工作 3 年以上。

二、附毕业证书及护士执业证书复印件；复印件应单位加盖公章。

2024 年 7 月制定