附件2

福建省名中医申请表

推荐单位： 编号（No.）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 |  | | | 出生年月 | | | | | |  | | | | | | | | 学历 | | |  | | | | | | 民族 | | | |  | | |
| 身份证号码 | | | |  |  |  |  | |  | | |  | | | |  | |  | | |  | |  |  | | |  | |  |  | |  | |  | |  |  | |
| 执业医师、中药师资格 | | | 中医□ 中西医结合□  中药□ | | | | | | | 任职资格及年限 | | | | | | | | |  | | | | | | | 在职或返聘 | | | | | | |  | | | | |
| 从事专业 | |  | | | 累计从事中医药工作时间 | | | | | | | | | | | | | | | | |  | | | | 行政职务 | | | | | | |  | | | | |
| 专业特长 | |  | | | | | | | | | | | | | | | | | | | | | | | | 身体状况 | | | | | | |  | | | | |
| 工作单位 | |  | | | | | | | | | 联系电话 | | | | | | | | |  | | | | | | 邮政编码 | | | | | | |  | | | | |
| 家庭住址 | |  | | | | | | | | | | | | | | | | | | | | | | | | 住宅电话 | | | | | | |  | | | | |
| 国家老中医药专家学术经验继承工作指导老师 | | | | | | | | | | | | | | | | | 带教第 批，继承人是□ 否□出师 | | | | | | | | | | | | | | | | | | | | |
| 省级老中医药专家学术经验继承工作指导老师 | | | | | | | | | | | | | | | | | 带教第 批，继承人是□ 否□出师 | | | | | | | | | | | | | | | | | | | | |
| 获得“全国优秀中医临床人才”称号 | | | | | | | | | | | | | | | | | 是□ 否□ | | | | | | | | | | | | | | | | | | | | |
| 省突出贡献中青年专家 | | | | | 是□ 否□ | | | | | | | | | | | | 岐黄学者 | | | | | | | | | | | 是□ 否□ | | | | | | | | | |
| 主要在门诊工作的 | | | | | 近3年每次门诊接诊病人 人次，全年门诊中医诊疗人次 人次； | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要工作在医院住院部 | | | | | 每周指导下级医生查房 次，分管床位数 张，  年均出院人次 人次，全年门诊中医诊疗人次 人次。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 获得省级以上科技成果奖励 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **主要学习、工作经历简介**  （页面不足可加页）  **主要学术经验、专长及成就简介（300字以内综合事迹简介）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **传承学术、培养继承人情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **科研课题及科研成果** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **学术著作及学术论文** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **学术兼职情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **何时何地受过何种奖励** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **何时何地受过何种处分** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **同意参加福建省名中医评审，保证材料真实可信。**  申请人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **现受聘单位推荐意见（注明公示情况）**      （单位盖章）  年 月 日 | | | | | | | | | | | | | **单位纪检监察部门意见**  （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| **县（市、区）卫生健康行政部门推荐意见**  （单位盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **设区市卫健委、平潭综合实验区社会事业局（省属单位）推荐意见**  （单位盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **专家评审委员会评议意见**  **专家签名：**  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **省卫生健康委员会审核意见**  （单位盖章）  年 月 日 | | | | | | | | | | | | | | | **省人社厅审核意见**  （单位盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |