**附表： 内江市第二人民医院肿瘤专科护士培训申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | | **性别** |  | **年龄** | |  | | **民族** |  | |  | | **贴照片处** |
| **籍贯** |  | | | | | | | **政治面貌** | | |  | |
| **文化程度** | |  | | | | | | **职称/职务** | | |  | |
| **工作单位** | |  | | | | | | | | | | |
| **单位地址** | |  | | | | | | | | | | |
| **办公电话** | |  | | | | | **手机号码** | |  | | | **QQ** | |  | |
| **申请培训专业** | | | **肿瘤专科** | | | | **培训时间** | |  | | | **邮编** | |  | |
| **护士执业证编号** | | |  | | | | | | **最近注册时间** | | |  | | | |
| **身份证号码** | | |  | | | | | | | | | | | | |
| **主要工作经历** | | |  | | | | | | | | | | | | |
| **选送单位意见** | | | **（盖章）**  **年　　月　　日** | | | | | | | | | | | | |
| **接受单位意见** | | | **（盖章）**  **年　　月　　日** | | | | | | | | | | | | |
| **备注** | | |  | | | | | | | | | | | | |