**上海健康医学院血液净化专业培训报名登记表**

填表日期： 年 月 日 报名编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | | | | | | | | | 性别 | | |  | | | | | | 贴照片处 | | | | | |
| 出生年月 |  | | | | | 籍贯 | | |  | | | | | 民族 | | |  | | | | | |
| 工作单位 |  | | | | | | | | | | | | | 职位 | | |  | | | | | |
| 单位地址 |  | | | | | | | | | | | | | 邮编 | | |  | | | | | |
| 固定电话 |  | | | | | | | | | | 传真 | | |  | | | | | | | | |
| 手　　机 |  | | | | | | | | | | E-mail | | |  | | | | | | | | | | | | | | |
| 身份证号码 |  |  |  |  | | |  |  | |  |  |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
| 执业资格证书号 |  |  |  |  | | |  |  | |  |  |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
| 教育背景 | 毕业院校 | | | |  | | | | | | | | | | 学历与学位 | | | | | |  | | | | | | | |
| 毕业时间 | | | |  | | | | | | | | | | 专业 | | | | | |  | | | | | | | |
| 学费支付方式 | □转账　□现场缴费（现金 或POS机） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **工 作 简 历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单 位 名 称 | | | | | | | | | | | | | 职 务 | | | | | | 起 止 日 期 | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | |
| 单位推荐意见：  （单 位 盖 章）  日期： | | | | | | | | 您的建议与要求：  签名：  日期： | | | | | | | | | | | | | | | | | | | | |

**注意事项：**

1. 本报名登记表复印有效；
2. 咨询电话：魏老师：13122650152 周老师：021-65881663
3. 邮 箱：JXJY\_FXL@sumhs.edu.cn