附件2

**国家临床药师培训基地招生学员登记表**

**基地名称： 招生日期： 年 月 日**

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| 姓 名 | |  | | 性别 | | | |  | | 出生日期\* | |  | 职称 | |  | |  | | | | |
| 选送医院 | |  | | | | | | | | | | | | | | |
| 医院等级 | |  | | | | | | | | 申报专业 | |  | | | | |
| 通讯地址 | |  | | | | | | | | | | 邮 编 |  | | | |
| 电子邮箱 | |  | | | | | | | | 手机电话 | |  | | | | |
| 药学部主任 |  | | | | 主任  电话 | |  | | | | | | | 主任  邮箱 | |  | | | | | |
| 主要学历（起讫年月）、专业、毕业学校 | | | 入学日期\* | | | 毕业日期\* | | | | | 毕业学校 | | | 所学专业 | | | | | 学位 | | |
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| 工作简历（起讫年月） | | | 开始日期\* | | | 结束日期\* | | | | | 工作单位 | | | | | | | | | 工作岗位 | |
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| 从事全职临床药师工作实践情况  **(限200字)** | | |  | | | | | | | | | | | | | | | | | | |
| 近五年发表论文、著作(卷名、期刊号、页码) | | | 论文题目 | | | | | | 作者 | | | 期刊名称 | | 期刊号（ISSN） | | | | 卷号 | | | 页码 |
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| 选送医院意见：  公 章  年 月 日 | | | | | | | | | | | | 接收培训基地意见：  公 章  年 月 日 | | | | | | | | | |

注\*：所有日期格式均为：年-月-日，如：2015-05-01

（表格填写完后请调整整齐，空格请删除，备注也请删除）