附件2

第 批北京市东城区知名中医师申报表

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| 贴照  片处 |

申报单位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | 性别 | |  | | | | | 出生年月 | | | | |  | | | | | | | 学历 | | | |  | | | 民族 | | | |  | |
| 身份证号码 | | | |  |  | |  | |  | | |  |  |  | | |  | |  | | |  | |  |  | |  |  |  | |  | |  | |  |
| 专业技术职称 | | |  | | | | | | | 何时  受聘 | | | | | | | |  | | | | | | | | 是否  在职 | | | | | |  | | | |
| 是否研究生导师 | | | 否 □ 是□（硕士研究生导师□ 博士研究生导师□） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学科  专业 | |  | | | | | | 何时从事本专业工作 | | | | | | | | | | | | |  | | | | | 行政  职务 | | | | | |  | | | |
| 专业特长 | |  | | | | | | | | | | | | | 所在  科室 | | | | |  | | | | | | 身体  状况 | | | | | |  | | | |
| 工作单位地址 | |  | | | | | | | | | | | | | 联系电话 | | | | |  | | | | | | 手机 | | | | | |  | | | |
| 主要学术经验、专长及成就： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否能够保证教学计划的完成：  签字： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在(受聘)单位推荐意见：  负责人（签字）： 单位（章）    年 月 日 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 东城区卫生计生委意见：  负责人（签字）： 单位（章）  年 月 日 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注:确有一技之长的中医专家指：

(1)在某一医学领域或某一病种有独特的学术见解和显著的临床疗效，能够提供足够的学术和临床依据，由所在单位推荐，经区卫生计生委组织专家审定确认。

(2)被列入市级以上非物质文化遗产保护目录的中医类项目传承人。