**《医务人员出国（境）培训项目申请表》**

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| --- | --- | --- | --- |
| **姓名** Name in Chinese | 姓名 | **Name** 英文：名+姓 | NAME |
| **DOB**生日 | DD/MM/YYYY | **Gender**性别 | GENDER  性别 |
| **ID 身份证号** | XXXXXXXXXXXXXXXXXX | **Origin**籍贯 | ORIGIN籍贯 |
| **Department**  科室 | EMPLOYER DEPARTMENT  就职科室 | | |
| **Job Title**  职称 | TITLE  职称 | **Last Degree**  最后学历 | HIGHEST DEGREE  最高学历 |
| **English Level** 英语水平 | ENGLISH TEST  英语水平考试 | | |
| **Telephone**电话 | XXXXXXXXXXX | **e-mail**邮件 | @XXX.com |
| **Passport NO. & Expired Time**  护照号码及有效期 | **PASSPORT NUMBER:** XXXXXXXXX  **PASSPORT EXP DATE**: DD/MM/YYYY | | |
| **Education**（University Name, Time, Degree）  教育经历 | | | |
| **1. Undergraduate:**  MM/YYYY – MM/YYYY, DEGREE LEVEL & MAJOR, SCHOOL.  学校、学院、学位名称  **2. Graduate:**  MM/YYYY – MM/YYYY, DEGREE LEVEL & MAJOR, SCHOOL  学校、学院、学位名称  MM/YYYY – MM/YYYY, DEGREE LEVEL & MAJOR, SCHOOL  学校、学院、学位名称  **3. Fellowship:**  MM/YYYY – MM/YYYY, DEPARTMENT & HOSPITAL  科室、医院 | | | |
| **Work Experience**(Employer’s names, time and job titles)  工作经历 | | | |
| * **MM/YYYY – MM/YYYY, POSITION**:   DEPARTMENT, HOSPITAL (Province)  科室，医院，职称 | | | |