**《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 |