附件4

指 导 老 师 情 况 登 记 表

年 月 日

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | **性 别** |  | **民 族** |  | **照 片** |
| **籍 贯** | |  | **婚 否** |  | **出生年月** |  |
| **文化程度** | | |  | | **政治面貌** |  |
| **毕业院校** | | |  | | | |
| **专 业** | | |  | | **学 位** |  |
| **职 务** | | |  | | **其他职务** |  | |
| **职 称** | | |  | | **研究方向** |  | |
| **英语水平** | | |  | | **微机水平** |  | |
| **联系电话** | | |  | | **移动电话** |  | |
| **身份证号** | | |  | | **电子邮箱** |  | |
| **工作单位** | | |  | | **工作年限** |  | |
| **通讯地址** | | | **（邮编）** | | | | |
| **核准执业的卫生或**  **中医药行政部门** | | |  | | | | |
| **主要学术思想、临床**  **经验和学术专长** | | |  | | | | |
| **工作经历** | **起止时间** | | **在何单位何部门做何工作** | | | | **任何职务** |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
| **备 注** | | |  | | | | |