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| 姓名 | |  | | 拟晋升职称 | | |  | | | 是否疫情一线人员(经过市卫健局认定的) | | |  | | | |
| 学历 | | 毕业学校及专业 | |  | | | | | | | | | | | | |
| 学历层次 | |  | | | | | | | | | | | | |
| 受聘现任专业技术职务后工作简历 | | 从事本专业 | | 起止年月 | | | | | 单位、部门、从事工作 | | | | | | | |
| 年月－年月 | | | | |  | | | | | | | |
| 年月－年月 | | | | |  | | | | | | | |
| 年月－年月 | | | | |  | | | | | | | |
| 非从事本专业 | | 年月－年月 | | | | |  | | | | | | | |
| 现资格取得时间 | | |  | | | | | | | | | | | | | |
| 现资格聘任时间 | | |  | | | | | | | | | | | | | |
| 行政职务 | | |  | | | | | | | | | | | | | |
| 成果代表作 | | | | | | | | | | | | | | | 自我估算分值 | 核定值 |
| 荣誉及学术兼职总计限报4项 | | | 荣誉限报2项: | |  | | | | | | | | | |  |  |
|  | | | | | | | | | |  |  |
| 兼职限报2项: | |  | | | | | | | | | |  |  |
|  | | | | | | | | | |  |  |
| 论文、著作  限报3项 | | 题目 | | | | 字数 | | 名称及发表时间 | | | | 本人位次 | | |  |  |
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| 科研成果及专利总计限报3  项 | 科研成果 | 题目 | | | | | | 鉴定情况及时间 | | | 获奖情况及时间 | | | 位次 |  |  |
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| 专利 | 题目 | | | | | | 获得时间 | | | | | | 位次 |  |  |
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| 总分 | | | | | | | | | | | | | | |  |  |
| 卫生援疆、援青、援藏 | | 起止年月 | | | | | | 援助地点 | | | | | | | | |
| 年月－年月 | | | | | |  | | | | | | | | |
| 承担临床教学任务情况  （含中医带徒） | | 人数由科教科出具的证明为准,不超过2项统计范围:现职称聘任时间----2022年9月30日 | | | | | |  | | | | | | | | |

**新泰市人民医院高级专业技术职务初评报名审核表(非在编，非备案制)**

注：所填内容均需提供原件证明,专业人员工作量、工作时间由医院根据工作情况审核。

本人签字： 审核人员签字：