**附表：**

**医师拟聘用证明**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | 性别 |  | 出生年月 |  | | 近期二寸  免冠正面  半身彩色  照片 | |
| 毕业学校 | |  | | | | | | 毕业年月 |  | |
| 医学学历 | |  | | | 所学系、专业 | | |  | | |
| 住所地址 | |  | | | | | | 邮政编码 |  | |
| 联系电话 | |  | | | | | | 移动电话 |  | | | |
| 医师资格证书编码 | | | | | | | | | | | | |
| 医师级别  （执业医师、执业助理医师） | | | |  | | | | 医师类别  （临床、中医、口腔、公共卫生） | | | |  |
| 拟聘用单位名称 | | |  | | | | | 执业范围 | |  | | |
| 拟聘用单位地址 | | |  | | | | | | | | | |
| 任职经历 |  | | | | | | | | | | | |
| 聘用单位意见 | 负责人签名： （公章）  年 月 日 | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | |