附件1

**中国非公立医疗机构协会专家信息登记表**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **地区** |  | | | **学历** | |  | | 照  片 |
| **学位** |  | **职称** |  | | | **政治面貌** | |  | |
| **单位** |  | | | | | **职务** | |  | |
| **身份证号** |  | | | **业务擅长** | | |  | | |
| **电子信箱** |  | | | **办公电话** | | |  | | |
| **通讯地址** |  | | | | | | **移动电话** | |  | |
| **社会兼职情况** |  | | | | | | | | | |
| **个人专业特长及成果介绍（可另附页）** | | | | | | | | | | |
| **申请人签名** | | | | | **中国非公立医疗机构协会审核意见** | | | | | |
| 年 月 日 | | | | | （协会公章）  年 月 日 | | | | | |

附件2

**中国非公立医疗机构协会学员信息登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **项 目 信 息** | | | | | | | | | | | |
| **项目名称** | |  | | | | **申报单位** | | |  | | |
| **举办时间** | |  | | | | **举办地点** | | |  | | |
| **学 员 信 息** | | | | | | | | | | | |
| **序号** | **学员姓名** | | **性别** | **职称** | **所在省市（区）** | | **工作单位** | **联系电话** | | **身份证号** | **电子邮箱** |
|  |  | |  |  |  | |  |  | |  |  |
|  |  | |  |  |  | |  |  | |  |  |
|  |  | |  |  |  | |  |  | |  |  |
|  |  | |  |  |  | |  |  | |  |  |
|  |  | |  |  |  | |  |  | |  |  |
|  |  | |  |  |  | |  |  | |  |  |
|  |  | |  |  |  | |  |  | |  |  |
|  |  | |  |  |  | |  |  | |  |  |
|  |  | |  |  |  | |  |  | |  |  |
|  |  | |  |  |  | |  |  | |  |  |
|  |  | |  |  |  | |  |  | |  |  |