附件： 中国非公立医疗机构协会介入医学分会

**机构信息登记表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **机构名称** |  | | | | | | | |
| **机构地址** |  | | | | | **邮 编** | |  |
| **座 机** |  | | | | **传 真** |  | | |
| **机构性质** | □公立 非公立：□民营□外资□中外合资□混合制□上市公司□国有公司 | | | | | | | |
| **机构规模** | 等级： 床位数： | | | | | | | |
| **机构类型** | □综合医院□专科医院□检验机构□健康管理机构□企业□其他 | | | | | | | |
| **法人代表** |  | **手机号** |  | | | **邮箱** |  | |
| **联系人** |  | **手机号** |  | | | **邮箱** |  | |
| **机构简介：（可另附页）** | | | | | | | | |
| **机构推荐意见** | | | | **中国非公立医疗机构协会意见** | | | | |
| **（印章）**  **年 月 日** | | | | **（印章）**  **年 月 日** | | | | |

**机构推荐代表信息登记表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | **性别** |  | | | **民族** | |  | 照  片 |
| **出生年月** | |  | **身份证号** |  | | | | | |
| **学历** | |  | **技术职称** |  | | | **政治面貌** |  | |
| **所在机构** |  | | | | | | **职务** | |  | |
| **机构关系** | □执业注册机构 □多点执业机构 | | | | | | | | | |
| **专业** |  | | | | | | | | | |
| **联系电话** |  | | | | | **电子信箱** | |  | | |
| **手 机** |  | | | | | **微信号** | |  | | |
| **其他社会职务** |  | | | | | | | | | |
| **本人主要简历、专业背景及主要业绩（可另附页）** | | | | | | | | | | |
| **本人签名** | | | | | **中国非公立医疗机构协会意见** | | | | | |
| **年 月 日** | | | | | **（印章）**  **年 月 日** | | | | | |