附件

**中国非公立医疗机构协会**

**特聘专家顾问信息表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |

Attachment

Information Form Of CNMIA Special Expert Advisors

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | Area |  | Education |  | Photo |
| Degree |  | Title |  | Party member or not |  |
| Working Unit |  | Position |  |
| ID No. |  | Speciality |  |
| Email |  | Phone No. |  |
| Address |  | Cell No. |  |
| Part-time Positions |  |
| Personal strong points and outcomes (or additional pages) |
| **S**ignature | CNMIA Review |
| Date:  | CNMIA SealDate: |