**广东省护理学会精神科专科护士培训申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | **性 别** | | |  | **出生年月** | |  | **英语水平** | |  | | | 照片 |
| **职 务** |  | | **职 称** | | |  | **最高学历** | |  | **第一学历** | |  | | |
| **护理工作**  **年限** | |  | | **专科护士**  **工作年限** | | |  | | **近5年在各级杂志**  **发表论文数** | | | |  | |
| **单位** | |  | | | | | | | **科室** | |  | | | | |
| **邮政编码** | |  | | | **单位电话号码** | | |  | | | **手机号** | | |  | |
| **邮 箱** | |  | | | | | | | **QQ 号** | |  | | | | |
| **护士注册号** | |  | | | | | | | **身份证号** | |  | | | | |
| **学习经历** | |  | | | | | | | | | | | | | |
| **工作经历** | |  | | | | | | | | | | | | | |
| **专业主要成绩** | |  | | | | | | | | | | | | | |
| **护理部意见** | | 签 名  盖 章：  年 月 日 | | | | | | | | | | | | | |

（本表复印有效） 填表日期： 年 月 日