附件1：

**广东省护理学会第九届理事候选人增补推荐表**

**编号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 |  | 出生年月 | |  | | 籍贯 | |  | | 民族 |  |
| 党派 |  | | |  | | | |  | | | | 是否第八届理事 | | |  |
| 工作单位 | | | |  | | | | | | 现任职别 | | |  | | |
| 技术职称 | | |  | | | | 掌握何种外语、熟悉程度 | | | | | |  | | |
| 地市学会任职情况 | | |  | | | | | | 入会时间 | |  | | | | |
| 地址 | |  | | | | 邮政编码 | |  | | 办公电话 | | |  | | |
| 邮箱 | |  | | | | 微信号 | |  | | 手机号码 | | |  | | |
| 主要学历  主要经历 | | |  | | | | | | | | | | | | |
| 有何主要成就 | | |  | | | | | | | | | | | | |
| 曾获何种奖励 | | |  | | | | | | | | | | | | |
| 单位意见：  （盖章） | | | | | | | | 地市学会意见：  （盖章） | | | | | | | |