附件2

编号:

**台山市名医申报推荐表**

推荐单位

姓 名

从事专业

技术职称

联系电话

填表日期： 年 月 日

台山市卫生健康局制

**申报人基本情况**

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| **姓名**： | | **性别**： | | | | | | **出生年月**： | | | | | | | **健康情况**： | | | | |
| **职称**： | | **学科专业**： | | | | | | **行政职务**： | | | | | | | **聘任时间**： | | | | |
| **工作单位**： | | | | | **工作年限： 年** | | | | | | | | | **文化程度：** | | | | | |
| **E-mail**： | | | | | **电话**： | | | | | | | | | **手机**： | | | | | |
| **大专以上学历情况** | | | | | | | | | | | | | | | | | | | |
| 起 止 时 间 | | | 院 校 名 称 | | | | | | | | 学 位（学士、硕士、博士） | | | | | | | | |
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| **主要工作经历** | | | | | | | | | | | | | | | | | | | |
| 起 止 时 间 | | | 工 作 单 位 | | | | | | | | 行政职务和技术职称 | | | | | | | | |
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| **医疗工作量** | | | 近五年年均会诊工作量： | | | | | | | | | | | | | | | | |
| 近五年年均门诊工作量： | | | | | | | | | | | | | | | | |
| 近五年年均住院工作量： | | | | | | | | | | | | | | | | |
| **技术水平** | | | 急危重症抢救成功率： | | | | | | | | | | | | | | | | |
| 疑难病治疗成功率： | | | | | | | | | | | | | | | | |
| 重大疾病手术成功率： | | | | | | | | | | | | | | | | |
| **学科建设情况** | | | | | | | | | | | | | | | | | | | |
| 重点学科名称 | | | 级别（国家、省、市、院） | | | | | | | | | | 是否学科带头人 | | | | | | |
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| **学术带教情况** | | | | | | | | | | | | | | | | | | | |
| 培养研究生人数： | | | | | | | | | | | | | | | | | | | |
| 临床带教： | | | | | | | | | | | | | | | | | | | |
| 受聘医药学类学校兼职教授： | | | | | | | | | | | | | | | | | | | |
| **科研立项情况** | | | | | | | | | | | | | | | | | | | |
| 项目名称 | | | | 批准单位 | | | 批准时间 | | | | | 排名 | | | | | 批准文号或证书编号 | | |
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| **科技奖励情况（只填写本人主持或主要参加完成的）** | | | | | | | | | | | | | | | | | | | |
| 获奖项目  （或专利、成果等） | | | | 奖励名称 | | | | | 等级 | 授奖单位 | | | | | | 获奖年份 | | | 排名 |
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| **发表的主要著作、论文、专利等** | | | | | | | | | | | | | | | | | | | |
| 论文或著作名称 | | | | 作者名次 | | 期刊名称 | | | | | 刊号 | | | | | | | 年月期卷 | |
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| **各种荣誉称号情况** | | | | | | | | | | | | | | | | | | | |
| 授予单位 | | | 荣誉名称 | | | | | | | | 时间和名次 | | | | | | | 荣誉级别 | |
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| **学术团体任职** | | | | | | | | | | | | | | | | | | | |
| 学术团体名称 | | | 职 务 | | | | | | | | 任免起止时间 | | | | | | | | |
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| **期刊编委任职情况** | | | | | | | | | | | | | | | | | | | |
| 期刊主办单位 | | | 职 务 | | | | | | | | 任免起止时间 | | | | | | | | |
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| **业务自传：**  本人签名： | | | | | | | | | | | | | | | | | | | |
| **单**  **位**  **推**  **荐**  **意**  **见** | （盖章） 年 月 日 | | | | | | | | | | | | | | | | | | |
| **卫生健康局**  **意见** | （盖章） 年 月 日 | | | | | | | | | | | | | | | | | | |
| **人力**  **资源**  **和**  **社会**  **保障**  **局**  **意见** | （盖章） 年 月 日 | | | | | | | | | | | | | | | | | | |