附件1

**兽医心脏（小动物）专科医师报名申请表**

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| **人员信息** | | | | | | | | | | | |
| 姓名 | |  | | 性别 | |  | | 照片 | | | |
| 出生年月 | |  | | | | | |
| 身份证号 | |  | | | | | |
| 执业兽医资格证号 | |  | | | | | |
| 毕业院校 | |  | | | | 专业 | |  | | | |
| 学历 | |  | | | | 职称 | |  | | | |
| 工作单位 | |  | | | | 社会兼职 | |  | | | |
| 联系电话 | |  | | | | 邮箱 | |  | | | |
| 教育经历（按时间顺序从本科填起） | | | | | | | | | | | |
| 起止年月 | | 学习地点 | | | | 学历 | | | 专业 | | |
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| 在动物医院从事该专科工作或在高校内从事该专科教学和实践指导工作 | | | | | | | | | | | |
| 起止年月 | | 单位 | | | | 职务 | | | 工作内容 | | |
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| 专科相关  工作内容 | |  | | | | | | | | | |
| 获奖情况 | |  | | | | | | | | | |
| 已发表编著、译著、学术论文 | |  | | | | | | | | | |
| 行业活动主讲课程 | | 日期 | 会议名称 | | | | 课程名称 | | | | 时长 |
|  |  | | | |  | | | |  |
| 行业大会参与情况 | | 日期 | 会议名称 | | | | 课程名称 | | | | 时长 |
|  |  | | | |  | | | |  |
| 教学参与情况 | |  | | | | | | | | | |
| 近3年心脏科病例清单（总数＞100例） | |  | | |  | | | | | | |
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| 专科技能掌握情况，掌握画√ | | | | | | | | | | | |
| 1. 体格检查技术 | | | | | | | | | | | □ |
| 2. 听诊技术 | | | | | | | | | | | □ |
| 3. 心脏专科胸腔 x 线判读能力 | | | | | | | | | | | □ |
| 4. 心电图使用及判读 | | | | | | | | | | | □ |
| 5. 心脏专科超声心动操作及诊断能力 | | | | | | | | | | | □ |
| 6.心血管疾病的治疗 | | | | | | | | | | | □ |
| 7.急诊病例的紧急应对能力 | | | | | | | | | | | □ |
| **工作单位信息** | | | | | | | | | | | |
| 单位名称 |  | | | | | 单位电话 | | | |  | |
| 负责人姓名 |  | | | | | 联系电话 | | | |  | |
| 负责人职务 |  | | | | | 单位地址 | | | |  | |
| 是否推荐申请人申报专科及单位意见 | □是 □否  （单位意见）    单位负责人（公章）：  日 期： | | | | | | | | | | |