**天津市产前系统性超声检查技术培训申请表**

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| **姓名** |  | | **性别** |  | | **年龄** |  | | **本人照片** |
| **联系电话** |  | | **邮箱** | | |  | | |
| **工作单位** |  | | | | | **职称** | | |  |
| **单位相关资质**  **个人相关资质** | **□《母婴保健技术服务执业许可证》**  **□《助产技术许可证》** | | | | | | | |  |
| **《医师执业证书》号** | | | |  | | | |  |
| **《医师职称证书》号** | | | |  | | | |  |
| **工作经历** | **时间** | **所在科室** | | | | **从事的工作** | | | |
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| **产筛培训经历** | **理论 通过 □**  **未通过□** | **操作 通过 □**  **未通过□** | | | | **本次拟参加 理论 □**  **操作 □** | | | |
| **科主任填写** | **科室已开展(或将开展)产前系统性超声检查的时间** | | | | |  | | | |
| **申请人月平均检查数** | | | | |  | | | |
| **所用（或将用）设备的购置时间、品牌、型号：** | | | | | | | | |
| **是否同意该医生参加培训：** | | | | | **签名** | |  | |
| **医政科意见** | **盖章：** | | | | | | | | |

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**（复印有效）**