附件3

青海省人民医院卫生专业技术人员技术职务晋升推荐表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 | |  | 年龄 | |  | 学历 | | | |  | |
| 毕业院校及专业 | |  | | | | | 从事专业 | | | |  | | |
| 现任专业  技术职务 | |  | | | 拟晋升专业  技术职务 | | | | |  | | | |
| 科室 | |  | | | | | | | | | | | |
| 医德医风 | |  | | | | | | | | | | | |
| 奖励情况 | |  | | | | | | | | | | | |
| 惩处情况 | |  | | | | | | | | | | | |
| 下乡、下社区服务时间 | |  | | | | | | | | | | | |
| 临床实践技能考试成绩 | |  | | | | | | | | | | | |
| 医学继续教育学时 | |  | | | | | | | | | | | |
| 任期考核结论 | | 优秀 |  | | | 合格 |  | | 不合格 | | | |  |
| 科室推荐意见 | |  | | | | | | | | | | | |

科室推荐组组长签字：

年 月 日