附件1

重庆市专科护士报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序 号 | 姓名 | 性 别 | 年龄 | 毕业学校及时间 | 学历 | 从事本专业护理工作年限 | | | | | | | | | | 职称 | 工作单位 | 身份证号码 | 电话号码 |
| 血液净化 | 急 诊急救 | 手 术 室 | 糖尿病 | **口腔科** | 老年科 | 精神卫生 | 重症医学科 | 呼吸内科 | 社区护士 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

单位（盖鲜章）