中山大学附属口腔医院境外人员进修申请表

Advanced Training Application Form

Hospital of Stomatology, Sun Yat-sen University

1. 个人基本信息 Basic information

<table>
<tr><td rowspan="2">护照姓名
Name as shown in passport</td><td>姓
Surname</td><td colspan="3"></td><td rowspan="3">照 片

Recent Bareheaded ID Photo</td></tr>
<tr><td>名
Given name</td><td colspan="3"></td></tr>
<tr><td>国籍
Nationality</td><td></td><td>性别
Gender</td><td colspan="2">☐男 Male ☐女 Female</td></tr>
<tr><td>在华手机 Mobile number in China</td><td></td><td>电子信箱E-mail</td><td colspan="2"></td></tr>
<tr><td>出生日期
Date of Birth</td><td></td><td>出生地点
Place of Birth</td><td colspan="3"></td></tr>
<tr><td colspan="2">护照号码及有效期
Passport No. & Date of expiry</td><td colspan="4">年（Y） 月（M） 日（D）</td></tr>
<tr><td>宗教
Religion</td><td></td><td>最高学历
Highest Educational Attainment</td><td></td><td>母语
Native Language</td><td></td></tr>
<tr><td colspan="2">工作单位
Affiliated Institution</td><td colspan="4"></td></tr>
<tr><td>海外住址
Home Address</td><td colspan="5">街道 邮政编码
Street _____ Postcode_____
城市 国家 电话
City _____ Country _____ Home Tel_____</td></tr>
<tr><td colspan="4">医师资格证编号及执业证编号
Physician Qualification Certificate No. and/or Physician Practice License No.</td><td colspan="2"></td></tr>
<tr><td colspan="6">是否有犯罪或执业违规记录？如有，请说明
Please explain any criminal record or professional misconduct
☐无 None ☐有 Yes _____</td></tr>
<tr><td>中国紧急联络人
Emergency Contact in China</td><td colspan="5">姓名 与本人关系
Name _____ Relationship _____
联系电话 电子邮箱
Tel _____ E-mail_____</td></tr>
</table>

*请申请人用中文或英文印刷体认真填写以下诸项，字迹要清楚。没有的请写“无”。双面打印。
*Please fill in all the BLANKS in Chinese or English clearly. Put N/A if not applicable. **Double-sided printing.**

2. 学习经历（从最高学历填起）Education Background (Starting with the highest degree)

学校名称 Institution	学习期间 Duration (From-to)	学习专业 Major	所获文凭 Diploma/Degree

3. 工作经历 Professional Experience

工作单位 Affiliated Institution	工作期间 Duration (From-to)	工作科室 Department	职称 Position

4. 临床能力 Medical Techniques/Clinical Skills

5. 语言能力 Language Proficiency

HSK等级 HSK Level		汉语能力 Chinese Proficiency	☐流利 ☐一般 ☐不会 Fluent Basic None	英语能力 English Proficiency	☐流利 ☐一般 ☐不会 Fluent Basic None

6. 学习计划 Study Plan

学习时间 Duration of Study		带教导师 Preferred Supervisor	
进修科室 Target Clinical Department			

7. 个人承诺 Personal Commitment

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All information provided in this form is true and accurate. During my training in China, I shall abide by the laws of China and the rules and regulations of the Hospital of Stomatology, Sun Yat-sen University. I assume full responsibility for any accidents or financial liabilities that may arise during my period of study.

申请人签名Applicant's Signature:

8. 审批意见 Institution Comments

工作单位意见 Employer's Comments	Institutional Head (Signature) Date
接收单位意见 Host Institution Decision	签章： 日期：