中山大学附属口腔医院境外人员短期学习申请表

Short-Term Clinical Observership Program 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 Street _____ 邮政编码 Postcode_____
城市 City _____ 国家 Country _____ 电话 Home Tel_____</td></tr>
<tr><td colspan="5">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></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 Name _____ 与本人关系 Relationship _____
联系电话 Tel _____ 电子邮箱 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 ifnot 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

上述各项中所提供的情况是真实无误的。在中国培训期间遵守中国的法律和中山大学附属口腔医院的规章制度。在学期间任何意外或经济问题本人将承担全部在学期间发生的任何意外或经济责任，均由本人承担。

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：