**附件1：**

**2022年河南省卒中护理专科护士培训班报名表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 性 别 |  | 年 龄 | |  |
| 学 历 |  | | 职 称 |  | 职 务 | |  |
| 参加工作时间 | | 年 月 | | 卒中相关  工作年限 | |  | |
| 单位名称 |  | | | | 科室名称 | |  |
| 通信地址 |  | | | | 邮 编 | |  |
| E-mail |  | | | 手 机 |  | | |
| 单位意见 | 单位盖章  年 月 日 | | | | | | |

备注：手机、E-mail需填写清楚

**附件2：**

**河南省卒中护理专科护士培训班信息统计表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **单位** | **姓名** | **性别** | **年龄** | **身份证号** | **科室** | **工作年限** | **学历** | **职称** | **职务** | **手机号** | **邮箱** | **微信号** |
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