**河南省卫生系列高级职称申报推荐诚信承诺书**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | | | | | |  | | | | | | | | 性别 | | | | | | | |  | | | | 身份证号 | | | | | | |  | | | | | | | | | | | | | | | |
| 申报级别 | | | | | |  | | | | | | | | 申报职称 | | | | | | | |  | | | | | | | | 申报专业 | | | | | | | | |  | | | | | | | | | |
| 工作单位 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 评审类型（在对应□打√） | | | | | | | | | | | | | | | | | | 正常 □ 破格 □ 转评 □ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申报类型（在对应□打√） | | | | | | | | | | | | | | | | | | 全省高级评审 □ 基层高级评审 □ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 业务考试情况（在对应□打√） | | | | | | | | | | | 合格□ 考试年度：2018□ 2019□ 2020□  免试□ 免试原因：援疆□ 援外□ 疫情防控一线人员□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否人事代理人员： 是 □ 否 □  如是，请填写人事档案存放机构及存档编号： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否学校编制人员：是□ 否□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **学历、学位情况（参评使用的学历和学位）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学历层次 | |  | | | | | | | | | | 毕业院校 | | | | | |  | | | | | | | | | | | | | | | | 毕业证  书编号 | | | | | |  | | | | | | | | |
| 毕业专业 | |  | | | | | | | | | | 起止年月 | | | | | |  | | | | | | | | | | | | | | | | 学习  形式 | | | | | |  | | | | | | | | |
| 学位层次 | |  | | | | | | | | | | 授予院校 | | | | | |  | | | | | | | | | | | | | | | | 学位证  书编号 | | | | | |  | | | | | | | | |
| 学位专业 | |  | | | | | | | | | | 起止年月 | | | | | |  | | | | | | | | | | | | | | | | 学习  形式 | | | | | |  | | | | | | | | |
| 学习经历 | 学历 |  | | | | | | 毕业学校及专业 | | | | | | | | | |  | | | | | | | | | | | | | | | | 起止  时间 | | | | | |  | | | | 学习形式 | | | |  |
| 学历 |  | | | | | | 毕业学校及专业 | | | | | | | | | |  | | | | | | | | | | | | | | | | 起止  时间 | | | | | |  | | | | 学习形式 | | | |  |
| 学历 |  | | | | | | 毕业学校及专业 | | | | | | | | | |  | | | | | | | | | | | | | | | | 起止  时间 | | | | | |  | | | | 学习形式 | | | |  |
| 学历 |  | | | | | | 毕业学校及专业 | | | | | | | | | |  | | | | | | | | | | | | | | | | 起止  时间 | | | | | |  | | | | 学习形式 | | | |  |
| 学历 |  | | | | | | 毕业学校及专业 | | | | | | | | | |  | | | | | | | | | | | | | | | | 起止  时间 | | | | | |  | | | | 学习形式 | | | |  |
| **职称证书及聘任情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现有职称名称 | | | | | | | | |  | | | | | | | | | | | | 专业 | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 证书编号 | | | | | | | | |  | | | | | | | | | | | | 取得时间 | | | | | | | |  | | | | | | | | 聘任时间 | | | | | | | |  | | | |
| 取得方式（在对应□打√） | | | | | | | | | 初聘 □ 考试 □ 评审 □ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 评委会名称（评审获得者需填写） | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现有卫生副高级职称类型（在对应□打√）： | | | | | | | | | | | | | | | | | | | 全省适用 □ 基层适用 □ 乡镇适用 □ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 取得该职称时所在单位 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其他职称及证书编号 | | | | | | |  | | | | | | | | | | | | 专业 | | | | |  | | | | | | | 取得时间 | | | | |  | | | | | | 聘任时间 | | | |  | | |
| **医师资格、护士执业资格及执业证书情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格证书编号 | | | |  | | | | | | | | | | | | | | | 资格证取得时间 | | | | | |  | | | | | | | | | | | 医师资格类别 | | | | | |  | | | | | | |
| 执业证书编号 | | | |  | | | | | | | | | | | | | | | 主要执业机构 | | | | | |  | | | | | | | | | | | 医师执业范围 | | | | | |  | | | | | | |
| 近5年执业医师、执业护士注册变更情况（变更时间、变更内容）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **所在医疗机构情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 级别（在对应□打√） | | | | | | | | | | | | | | | 三级□ 二级□ 一级□ 其他□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医疗机构许可证颁发机关（非公单位填写） | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **工作经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **进修情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 进修起止时间 | | | | |  | | | | | | | | 进修单位 | | | | | | |  | | | | | | | | | | | | | | | 进修专业 | | | | | | | |  | | | | | |
| **支农情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 支农起止时间 | | | | |  | | | | | | | | 支农单位 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **继续教育情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2015 | | |  | | | | | | | 2016 | | | | | |  | | | | | | | 2017 | | | | |  | | | | 2018 | | | | | |  | | | 2019 | | | | | |  | |
| **近5年年度考核情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2015 | | |  | | | | | | | 2016 | | | | | | |  | | | | | | 2017 | | | | |  | | | | 2018 | | | | | |  | | | 2019 | | | | | |  | |
| 其他需要说明的情况： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **承诺：以上内容真实有效，申报推荐工作符合程序和要求。如有不实或隐瞒，愿承担责任并接受处罚。**    工作单位（盖章） 单位负责人签字： 承诺人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

填写说明：

1.请用黑色签字笔填写或打印。要求字迹工整、清晰可辨。

2.由其他系列转评卫生系列者须在“其他职称”栏目填写卫生专业职称、专业、获得时间及聘任时间；在本级别职称任期内转专业者须在“其他职称”栏目填写原职称专业、获得时间及聘任时间。

3.学习经历填写中专及以上学历，按时间顺序填写完整，学习形式填写全日制或非全日制；工作经历须按时间顺序填写完整。

4.诚信承诺书一式四份，分别由用人单位、省辖市（直管县）资格审核部门、省卫生健康委分别留存。另外一份放至评审材料袋。

5.诚信承诺书签字盖章后，需扫描上传至职称申报系统——补充资料一栏。