**台湾、香港、澳门居民参加国家医师资格考试实习申请审核表**

Application Form For Medical Internship

中华人民共和国卫生部印制／Printed by the Ministry of Health of PRC

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No: | | 接受院校／Host Institution: | | | | | | |
| 由接受实习人员院校填写 | 姓名：  Name: | | | | Family／Last name First name  Middle name | | | |
| 地区／Region: | | | 有效身份证件名称和号码／ID No: | | | | |
| 性别／Sex:  male [ ] female [ ] | | | | | 出生日期： 年 月 日  Date of Birth: y. m. d. | | |
| 学历／Academic Degree Obtained: | | | | | | 专业／Specialty: | |
| 毕业学校／School of Graduation: | | | | | | | |
| 入学时间／Date of Entry: | | | | | | 毕业时间／Date of Graduation: | |
| 毕业证书编码／Certification No: | | | | | | | |
| 通讯地址／Address: | | | | | | | |
| 联系电话／Tel: | | | | | | E-mail: | |
| 申请实习机构名称／Institute of Internship: | | | | | | | |
| 申请实习岗位类别／Category of Internship: | | | | | | | |
| 申请实习期限：自 年 月至 年 月  Duration: From y. m. to y. m. | | | | | | | |
| 接 受 院 校  签 字 盖 章 | | | Authorized by:  (印章/Seal)  年 月 日 | | | | | 申请人签字：  Signature of Applicant:  年 月 日  y. m. d. |
| 省级卫生／中医药行政主管部门签字盖章 | | | 年 月 日 | | | | | |
| 备 注 | | | 1、此表仅限于为参加国家医师资格考试的来内地实习一年的台湾、香港、澳门人员使用。  2、请持本表前往实习所在地市、县公安机关出入境管理部门办理相应的签注手续。  Note:  1.This form is for persons coming from Tai Wan, Hong Kong and Macao who plan to take the Examinations for the Qualifications of Doctors.  2.Please present this form to apply for entry visa at local Police Office. | | | | | |

共三联，第一联：寄台湾、香港、澳门实习人员

**台湾、香港、澳门居民参加国家医师资格考试实习申请审核表**

Application Form For Medical Internship

中华人民共和国卫生部印制／Printed by the Ministry of Health of PRC WS101

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| --- | --- | --- | --- | --- | --- | --- | --- |
| No: | | 接受院校／Host Institution: | | | | | |
| 由接受实习人员院校填写 | 姓名：  Name: | | | | Family／Last name First name  Middle name | | |
| 地区／Region: | | | 有效身份证件名称和号码／ID No: | | | |
| 性别／Sex:  male [ ] female [ ] | | | | | 出生日期： 年 月 日  Date of Birth: y. m. d. | |
| 学历／Academic Degree Obtained: | | | | | | 专业／Specialty: |
| 毕业学校／School of Graduation: | | | | | | |
| 入学时间／Date of Entry: | | | | | | 毕业时间／Date of Graduation: |
| 毕业证书编码／Certification No: | | | | | | |
| 通讯地址／Address: | | | | | | |
| 联系电话／Tel: | | | | | | E-mail: |
| 申请实习机构名称／Institute of Internship: | | | | | | |
| 申请实习岗位类别／Category of Internship: | | | | | | |
| 申请实习期限：自 年 月至 年 月  Duration: From y. m. to y. m. | | | | | | |
| 接 受 院 校  签 字 盖 章 | | | 年 月 日 | | | | |
| 省级卫生／中医药行政主管部门签字盖章 | | | 年 月 日 | | | | |
| 备 注 | | |  | | | | |

共三联，第二联：省级卫生／中医药行政主管部门留存

**台湾、香港、澳门居民参加国家医师资格考试实习申请审核表**

Application Form For Medical Internship

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| --- | --- | --- | --- | --- | --- | --- |
| No: | | 接受院校／Host Institution: | | | | |
| 由接受实习人员院校填写 | 姓名：  Name: | | | Family／Last name First name  Middle name | | |
| 地区／Region: | | | 有效身份证件名称和号码／ID No: | | |
| 性别／Sex:  male [ ] female [ ] | | | | 出生日期： 年 月 日  Date of Birth: y. m. d. | |
| 学历／Academic Degree Obtained: | | | | | 专业／Specialty: |
| 毕业学校／School of Graduation: | | | | | |
| 入学时间／Date of Entry: | | | | | 毕业时间／Date of Graduation: |
| 毕业证书编码／Certification No: | | | | | |
| 通讯地址／Address: | | | | | |
| 联系电话／Tel: | | | | | E-mail: |
| 申请实习机构名称／Institute of Internship: | | | | | |
| 申请实习岗位类别／Category of Internship: | | | | | |
| 申请实习期限：自 年 月至 年 月  Duration: From y. m. to y. m. | | | | | |
| 接 受 院 校  签 字 盖 章 | | | 年 月 日 | | | |
| 省级卫生／中医药行政主管部门签字盖章 | | | 年 月 日 | | | |
| 备 注 | | |  | | | |

共三联，第三联：公安出入境管理部门留存