|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **東元醫療社團法人東元綜合醫院**  附表一  **聯合訓練代訓人員申請表**  申請日期： 年 月 日  申請人請填寫粗黑框線內欄位   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 基本資料 | 委託機構  名稱 |  | | | | | | | | | | | | 申請訓練  單位 | | |  | | | 照片黏貼處 | | | | 訓練  期間 | 自 年 月 日  至 年 月 日 | | | | | | | | | | | | 受訓課程 | | |  | | | | 姓名 |  | | | | | | | | | | | | 原服務單位職稱 | | |  | | | | 身分證字號 |  |  |  |  |  |  |  | |  | |  |  | 出生日期 | | | 年 月 日 | | | 性別 | | □男□女 | | 戶籍地址 |  | | | | | | | | | | | | | | | 戶籍地電話 | | |  | | | | 通訊地址 |  | | | | | | | | | | | | | | | 通訊地電話 | | |  | | | | 電子信箱 |  | | | | | | | | | | | | | | | 行動電話 | | |  | | | | 學經歷資料 | 畢業學校 |  | | | | | | | | | 科系 | | | | |  | | | 畢業年度 | |  | | | 工作經歷 | 服務單位 | | | | | | | | | | | | 職稱 | | | 服務起訖 | | | | | | |  | | | | | | | | | | | |  | | | 自 年 月至 年 月 | | | | | | |  | | | | | | | | | | | |  | | | 自 年 月至 年 月 | | | | | | | 證照號碼 | 醫、護(技術)人員專業證書： 字第 號 | | | | | | | | | | | | | | | | | | | | | | 申請訓練原因 | 直屬主管：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(簽章) | | | | | | | | | | | | | | | | | | | | | | | 檢附資料 | □醫、護(技術)人員證書影本  □身分證正反面影本  □畢業證書影本 | | | | | | | | | | | | | | □受訓同意書  □二吋半身照片二張  □身體檢查報告 | | | | | | | | | 審核 | 院長 | | | | | | | | 醫學教育委員會 | | | | | | | | | 訓練部門主管 | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | |   申請流程：申請者→訓練部門主管→醫學教育委員會→院長 |