**河北省急救医学会5G+急诊创伤专业委员会委员推荐表**

**年 月 日**

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| **姓名** |  | | | **性别** |  | | **出生年月** | | |  | | | | **二寸照片** |
| **籍贯** |  | | | **党派** |  | | **身份证号** | | |  | | | |
| **单位、科室** | |  | | | **职称** |  | | | **职务** | | |  | |
| **单位地址** | |  | | | **邮编** |  | | | **单位电话** | | |  | |
| **电子邮箱** | |  | | | | | | | **手机** | | | |  | |
| **学 历** | | **最后毕业学校及专业** | | | | **地点** | | | **时期** | | | | **学位** | |
|  | | | |  | | |  | | | |  | |
| **主 要 经 历** | | **单位名称** | | | | **地点** | | | **时期** | | | | **职务、职称** | |
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| **社会职务** | |  | | | | | | | | | | | | |
| **学术专长** | | |  | | | | | | | | | | | |
| **论文、科研成**  **果及所获奖励** | | |  | | | | | | | | | | | |
| **工作单位意见**  **（加盖公章）** | | |  | | | | | **学会意见** | | |  | | | |
| **备 注** | | | **请务必认真填写、填全打印，请勿手写，2寸照片必贴。** | | | | | | | | | | | |

**河北省急救医学会制**

**河北省急救医学会会员表**

**年 月 日**

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