**“FJO—JHU骨科医生高级教育项目”申请表**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **年龄** |  | **行政职务** |  | **照片** |
| **职称** |  | **学历** |  | **骨科亚专科** |  |
| **护照类型** | * **因公护照**
* **因私护照**
 | **英语水平** | * **CET-6**
* **雅思**
* **托福**
 | * **优**
* **良**
* **好**
 |
| **护照号** |  | **最后毕业院校** |  |
| **护照有效期** |  | **单位名称** |  |
| **通讯地址** |  | **邮编** |  |
| **手机** |  | **固定电话** |  | **电子邮箱** |  |
| **微信号** |  | **QQ** |  | **掌握何种外语** |  |
| **主要工作经历** | **起止日期** | **单位名称** | **职务名称** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **主要教育经历** | **起止日期** | **学 校** | **专 业** | **学历/学位** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **主要研究方向** | **① ② ③** |
| **临床工作专长****（少于100字）** |  |
| **科室主任意见** |  **签名： 年 月 日** |
| **所在单位****负责人意见** |  **签名： 单位盖章： 年 月 日** |

**请严格如实填写表格，贴附一寸免冠近照，填完后将申请表发至电子邮箱：****muyali1985@163.com** **纸质版邮寄至：陕西省西安市长乐西路127号西京医院骨科穆雅莉 13484628175**

**International College of Orthopaedic Education, the Fourth Military Medical University—JHU Advanced Orthopaedic Surgeons Educational Program Application Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | Gender |  | Age |  | Administrative Post |  | Photo |
| Title |  | Degree |  | Subspecialty |  |
| Passport Type | * Passport for Public
* Passport for Private
 | English Proficiency | * CET-6
* IELTS
* TOFEL
 | * Excellent
* Good
* Fair
 |
| Passport No. |  | Last Graduate School |  |
| Expiration Date |  | Name of Institution |  |
| Correspondence Address |  | Zip Code |  |
| Mobile |  | Tel |  | Email |  |
| Wechat No. |  | QQ |  | Which language do you master? |  |
| Work experience  | Time Periods | Name of Institution | Title |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Educational Background | Time Periods | School | Specialty  | Degree |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Main Research Interests | ① ② ③ |
| Clinical Work (Less than 100 words) |  |
| Department Evaluation |  Signature Date |
| Institution Evaluation | Signature Stamp Date |

Please fill in the application form and send it to: muyali1985@163.com

Contact: Ms Mu Tel: 029—84773524 Wechat No. 13484628175