附件 1

**2018年齐鲁卫生与健康领军人才**

**培育工程申报书**

申报单位

申报人 申报类别 领军人才/杰青人才 专业领域 是否引进 联 系 人 电子邮箱 办公电话 移动电话

**填报须知**

一、本申报书根据齐鲁卫生与健康领军人才培育工程有关规定制定。

二、本申报书填写内容必须实事求是，不得弄虚作假。内容要逐项填写，实际内容不发生的，请注明“无”。

三、“专业领域”要具体到二级学科。

四、“是否引进”：2015 年以来从海外、省外引进的填写“是”，其他的填写“否”。

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一、申报人选情况

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| 1.1 基本信息 | | | | | | | | | | | | | | | | | |
| 姓 名 | |  | | | | | | | | | | | | | 正面免冠彩 色照片  （二寸） | | |
| 性 别 | |  | | | | 出生日期 | | | 精确到日 | | | | | |
| 民 族 | |  | | | | | | | | | | | | |
| 政治面貌 | |  | | | | 专业技术职务 | | |  | | | | | | | | |
| 证件类型 | |  | | | | 专业领域 | | |  | | | | | | | | |
| 是否引进 | |  | | | | 是否引进  证明材料 | | |  | | | | | | | | |
| 最高学历 | |  | | | | 证件号码 | | |  | | | | | | | | |
| 工作单位 | |  | | | | 最高学位 | | |  | | | | | | | | |
| 移动电话 | |  | | | | 单位职务 | | |  | | | | | | | | |
| 电子邮箱 | |  | | | | 办公电话 | | |  | | | | | | | | |
| 证件扫描件 | | 上传 | | | | | | | | | | | | | | | |
| 1.2 专业技术职务情况  （必须提交加盖单位公章的最高专业技术职务证明材料。） | | | | | | | | | | | | | | | | | |
| 聘任时间 | | 聘任单位 | | | | 职务系列名称 | | | 系列等级名称 | | | | 证明材料 | | | | |
| 精确到月 | |  | | | |  | | |  | | | |  | | | | |
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| 1.3 学习经历  （从本科经历起，按时间顺序填写，最高学历、最高学位必须提交加盖单位公章的证明 材料。） | | | | | | | | | | | | | | | | | |
| 起始时间 | 结束时间 | | 学校 | 院、系 | | | 专业 | 地点 | | 学历 | 学位 | | | 毕（结、 肄）业 | | | 证明 材料 |
| 精确到月 | 精确到月 | |  |  | | |  |  | |  |  | | |  | | |  |
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| 1.4 工作经历  （从专职工作经历起，按时间顺序填写。） | | | | | | | | | | | | | | | | | |
| 起始时间 | 结束时间 | | 地点 | | 工作单位 | | | | 工作部门 | | | 职务 | | | | 证明材料 | |
| 精确到月 | 精确到月 | |  | |  | | | |  | | |  | | | |  | |
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二、申报人选主要学术成就

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| 2.1享受人才工程资助情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起始时间 | 结束时间 | | | 工程名称 | | | 主管部门 | | | | | | 层级 | | | | 工程支持资金总额  （单位：人民币万元） | | | | | | | | | | 证明材料 | | | |
| 精确到月 | 精确到月 | | |  | | |  | | | | | |  | | | |  | | | | | | | | | |  | | | |
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| 2.2主要荣誉称号情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 授予时间 | 荣誉称号 | | | | | | | 授予部门（单位） | | | | | | | | | | | 层级 | | | | | | 证明材料 | | | | | |
| 精确到月 |  | | | | | | |  | | | | | | | | | | |  | | | | | |  | | | | | |
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| 2.3科技成果获奖情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 获奖时间 | 成果名称 | | | | 奖励名称 | | | 等级 | | | | 学科 | | | 本人排名 | | | | | 授予部门  （单位） | | | | | 层级 | | | | 证明 材料 | |
| 精确到月 |  | | | |  | | |  | | | |  | | |  | | | | |  | | | | |  | | | |  | |
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| 2.4 承担项目课题情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起始时间 | 结束时间 | | | 项目课题 名称 | | | 编号 | | | | 类别 | | | 下达（立 项）单位 | | | | 项目经费（单位： 人民币万元） | | | | | | | | 职位 | | | | 证明 材料 |
| 精确到月 | 精确到月 | | |  | | |  | | | |  | | |  | | | |  | | | | | | | |  | | | |  |
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| 2.5授权专利情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 授权时间 | | 专利名称 | | | 类别 | 专利号 | | | | | 批准国 家地区 | | | | 批准机构 | | | | | 专利权人 | | | | 本人 排名 | | | | | 证明 材料 | |
| 精确到月 | |  | | |  |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | |
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| 2.6 发表论文、论著情况  （限 3 项） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 发表（出版 时间 | | ） 论文（著作）  名称 | | | 发表刊物  （出版社） | | | | 位次、是否为 通讯作者 | | | | | | | 收录情况 | | | | | 影响 因子 | 他引 总次数 | | | | | | 证明 材料 | | |
| 精确到月 | |  | | |  | | | |  | | | | | | |  | | | | |  |  | | | | | |  | | |
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| 2.7 主要学术和社会兼职  （按重要性依次填写，限 5 项） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起始时间 | | | 结束时间 | | | | | | | 学术组织名称 | | | | | | | | | | | | | 职务 | | | | | | | |
| 精确到月 | | | 精确到月 | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |
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三、申报人选临床工作业绩

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| 申报人选临床工作总结 |
| 总结内容包括工作以来的临床门诊量、手术量以及掌握先进诊疗方法情况（500字以内）； 还需提交三份原始病历复印件,加盖单位公章。 |

四、申报人选今后五年工作计划和目标

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| （500字以内） |

五、科室意见

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| 负责人意见：  年 月 日 |