附件1

**河南省卫生系列高级职称申报推荐诚信承诺书**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | | | | |  | | | | | | | 性别 | | | | | | |  | | | 身份证号 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 工作单位 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申报级别 | | | | | | 正高□  副高□ | | | | | | | 申报职称 | | | | | | |  | | | | | | | | | | | 申报专业 | | | | | | | | | |  | | | | | | | | | | | |
| 评审类型 | | | | | | 正常□ 破格□  转评□ | | | | | | | | | | | | | | 专业类别 | | | | | | | | | | | | 医疗类□ 护理类□  药学类□ 技术类□ | | | | | | | | | | | | | | | | | | | | |
| 申报类型 | | | | | | 全省高级评审 □ 基层高级评审 □ 乡镇社区副高级评审 □ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 业务考试情况 | | | | | | 合格□ 考试年度：2020□ 2021□ 2022□  免试□ 免试原因：援疆□ 援外□ 疫情防控一线人员□  全科医学中级聘任满10年□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否人事代理人员： 是 □ 否 □  如是，请填写人事档案存放机构及存档编号： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否学校编制人员：是□ 否□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **学历、学位情况（参评使用的学历和学位）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学历层次 | |  | | | | | | | | | 毕业院校 | | | | | |  | | | | | | | | | | 毕业证  书编号 | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 毕业专业 | |  | | | | | | | | | 起止年月 | | | | | |  | | | | | | | | | | 学习  形式 | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 学位层次 | |  | | | | | | | | | 授予院校 | | | | | |  | | | | | | | | | | 学位证  书编号 | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 学位专业 | |  | | | | | | | | | 起止年月 | | | | | |  | | | | | | | | | | 学习  形式 | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 学习经历 | 学历 |  | | | | | 毕业学校及专业 | | | | | | | | | |  | | | | | | | | | | 起止  时间 | | | | | | | | | | | | | | |  | | | | | | 学习形式 | | | |  |
| 学历 |  | | | | | 毕业学校及专业 | | | | | | | | | |  | | | | | | | | | | 起止  时间 | | | | | | | | | | | | | | |  | | | | | | 学习形式 | | | |  |
| 学历 |  | | | | | 毕业学校及专业 | | | | | | | | | |  | | | | | | | | | | 起止  时间 | | | | | | | | | | | | | | |  | | | | | | 学习形式 | | | |  |
| 学历 |  | | | | | 毕业学校及专业 | | | | | | | | | |  | | | | | | | | | | 起止  时间 | | | | | | | | | | | | | | |  | | | | | | 学习形式 | | | |  |
| 学历 |  | | | | | 毕业学校及专业 | | | | | | | | | |  | | | | | | | | | | 起止  时间 | | | | | | | | | | | | | | |  | | | | | | 学习形式 | | | |  |
| **职称证书及聘任情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现有卫生职称名称 | | | | | | | | |  | | | | | | | | | | | 专业 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 证书编号 | | | | | | | | |  | | | | | | | | | | | 取得时间 | | | | | | | | |  | | | | | | | | | 聘任时间 | | | | | | | | | | |  | | | |
| 取得方式 | | | | | | | | | 初聘 □ 考试 □ 评审 □ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 评委会名称（评审获得者需填写） | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现有卫生职称类型 | | | | | | | | | | | | | | | | | | 全国通用□ 省内适用□ 基层适用□ 乡镇适用□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 取得现职称时所在单位 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其他职称及证书编号 | | | | | | | |  | | | | | | | | | | 专业 | |  | | | | | | | | | | | | | 取得  时间 | | | |  | | | | | | | | 聘任  时间 | | | | |  | | |
| 其他职称及证书编号 | | | | | | | |  | | | | | | | | | | 专业 | |  | | | | | | | | | | | | | 取得  时间 | | | |  | | | | | | | | 聘任  时间 | | | | |  | | |
| **医师资格、护士执业资格、执业药师及执业证书情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格证书编号 | | | |  | | | | | | | | | | | | | | 资格证取得时间 | | | |  | | | | | | | | | | | | | | | 医师资格类别 | | | | | | | 临床□ 中医□口腔□ 公卫□中西医结合□ | | | | | | | | |
| 执业证书编号 | | | |  | | | | | | | | | | | | | | 主要执业机构 | | | |  | | | | | | | | | | | | | | | 执业  范围 | | | | | | |  | | | | | | | | |
| 近5年执业医师、执业护士、执业药师注册变更情况（变更时间、变更内容）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **所在医疗机构情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 级别 | | | | | 三级□ 二级□ 一级□ 其他□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 床位数 | | | | | | | | |  | | | | | | | | | |
| 医疗机构许可证颁发机关（非公单位填写） | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医疗机构地址（非公单位填写） | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **工作经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | | | | | 单位 | | | | | | | | | | | | | | | | | | | | 科室 | | | | | | | | | | | | 职称/行政职务 | | | | | | | | | | | | |
| - | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| - | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| - | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| - | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| - | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| - | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| - | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| - | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| - | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| **进修情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | | | - | | | | | | | | | 进修单位 | | | |  | | | | | | | | | | | | | | | | 进修专业 | | | | | | | | | | | |  | | | | | |
| **对口支援情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 完成对口支援□ | | | | | | | | | | | | 起止时间 | | | | - | | | | | | | | | | 对口支援单位 | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 免对口支援□ | | | | | | | | | | | | 1.经组织选派的援外医疗队员 □  2.经组织选派的援疆医疗队员（连续6个月以上）□  3.新冠肺炎疫情防控一线医务人员 □  4.有1年以上基层工作经历（对口支援单位同级别）□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **带教情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被带教人员姓名 | | | | | | | | | | | | 职称 | | | | | | | | | 单位 | | | | | | | | | | | | | | | | | | | | | | 起止时间 | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | - | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | - | | | | | | | | | |
| **近5年年度考核情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2017 | | |  | | | | | | | 2018 | | | | | |  | | | | 2019 | | | | |  | | | | | 2020 | | | | | | | | |  | | | | | | | 2021 | | | | |  | |
| 其他需要说明的情况： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 承诺：已对申报人填报的内容与个人的证件逐项进行核查，以上内容真实有效，并在本单位进行公示满5个工作日，申报推荐工作符合程序和要求。如有不实或隐瞒，愿承担责任并接受处罚。    承诺人签字： 核查人签字： 单位负责人签字：  工作单位（盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**填写说明：**

1.本表格请用A4纸单面打印，承诺栏签字处需用黑色签字笔手写。在对应□内打“√”，空缺不填的视为无。

2. 转评或转评后晋升者须在“其他职称”栏目填写其他系列或其他专业职称、专业、获得时间及聘任时间。

3.学习经历填写中专及以上学历，按时间顺序填写完整，学习形式填写全日制或非全日制；工作经历须按时间顺序填写完整。

4.诚信承诺书一式四份，分别由用人单位、省辖市资格审核部门、省卫生健康委各留存一份，另外一份放至评审材料袋。

5.诚信承诺书签字盖章后，需扫描上传至职称申报系统——补充资料一栏。