**医疗美容主诊医师专业备案表**

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| 姓 名 |  | | | | 性别 |  | | | 出生年月 | | |  | | |
| 学历 |  | | | | 民族 |  | | | 职称 | | |  | | |
| 毕业学校 |  | | | | | 专业 | | |  | | | | | |
| 执业类别 |  | | | | | 执业范围 | | |  | | | | | |
| 医师资格证书编码 | | |  | | | | | | | | | | | |
| 医师执业证书编码 | | |  | | | | | | | | | | | |
| 从事相关专业年限 | | | |  | | | 所在科室 | | |  | | | | |
| 身份证号码 | |  | | | | | | | | | | | | |
| 申报科目 | | √美容外科 | | | | | | □美容皮肤科 | | | | | | |
| □美容牙科 | | | | | | □美容中医科 | | | | | | |
| 工作单位 | |  | | | | | | 手机号码 | | |  | | | |
| 通讯地址 | |  | | | | | | | | | | | | |
| 医疗美容相关工作经历 | | | | | | | | | | | | | | |
| 时 间 | | 单 位 | | | | | | 技术职务 | | | | | 证明人 | |
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| 医疗美容专业培训或进修情况 | | | | | | | | | | | | | | |
| 时 间 | | 专业培训机构或进修单位 | | | | | | | | | | | | 考核结果 |
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| 申请人承诺 | | 本人承诺所填内容和提交的相关附件材料的真实性、准确性。若存在失实或违反规定，本人将承担全部责任。  签字： 年 月 日 | | | | | | | | | | | | |
| 医疗机构核定结果 | | 经本机构核定，该医师符合（√美容外科专业 □美容牙科专业 □美容皮肤科专业 □美容中医科专业）医疗美容主诊医师专业条件，提交备案。  （盖章）  年 月 日 | | | | | | | | | | | | |