**山东省社会办医疗机构协会**

**分支机构发起单位代表信息登记表**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | **性别** |  | | | **民族** | |  | 照  片 |
| **出生年月** | |  | **身份证号** |  | | | | | |
| **学历** | |  | **技术职称** |  | | | **政治面貌** |  | |
| **所在机构** |  | | | | | | **职务** | |  | |
| **机构关系** | □执业注册机构 □多点执业机构 | | | | | | | | | |
| **专业** |  | | | | | | | | | |
| **联系电话** |  | | | | | **电子信箱** | |  | | |
| **手机** |  | | | | | **微信号** | |  | | |
| **其他社会职务** |  | | | | | | | | | |
| **本人主要简历、专业背景及主要业绩：** | | | | | | | | | | |
| **本人签名** | | | | | **山东省社会办医疗机构协会意见** | | | | | |
| **年 月 日** | | | | | **（印章）**  **年 月 日** | | | | | |