附件：

**山东省社会办医疗机构协会**

**医院管理分会委员候选人推荐表**

申请类型：□常务委员 □委员

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | **性 别** |  | | | **民 族** | |  | 照  片 |
| **出生年月** | |  | **身份证号** |  | | | | | |
| **学 历** | |  | **职 称** |  | | | **政治面貌** |  | |
| **所在机构** |  | | | | | | **职 务** | |  | |
| **专 业** |  | | | | | | | | | |
| **联系电话** |  | | | | | **电子信箱** | |  | | |
| **手 机** |  | | | | | **微 信** | |  | | |
| **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：**  **年 月 日** | | | | | **单位意见：（印章）**  **年 月 日** | | | | | |