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| **常州市第二人民医院**  **关于补充招收2017年度住院医师规范化培训学员的公告**  南京医科大学附属常州第二人民医院是三级甲等综合医院，全院有2554名卫技人员，开放床位1800张；是首批江苏省全科医生规范化培养基地。2013年评为江苏省全科医生规范化培养示范临床基地，2014年评为江苏省首批国家住院医师规范化培训基地。我院师资力量雄厚，教学资源丰富，并有配置齐全、设施一流的临床技能训练中心。根据《国家卫生计生委等7部门关于建立住院医师规范化培训制度的指导意见》（国卫科教发〔2013〕56号）文件精神，结合前期我院招录情况，现决定补充招收2017年度住院医师规范化培训学员。现将有关事项公告如下：  **一、招录对象**  高等院校临床医学、全科医学专业全日制本科及以上学历学位者。  **二、招录条件**  　　1、坚持四项基本原则，拥护党的路线、方针、政策。  　　2、热爱全科医学，希望从事全科医疗工作者优先。  　　3、身心健康，能胜任临床学习和工作。  4、英语水平达到全国大学生英语等级考试四级，计算机水平达到国家或省计算机等级考试一级。  　　5、入院时具备学历、学位双证书。  　　6、本科生年龄原则上不超过26周岁（1991年8月31日以后出生），研究生年龄原则上不超过28周岁（1989年8月31日以后出生）。  **三、招录专业及人数**  全科医学专业---5名，儿科专业---5名，其他专业—5名  **四、报名**  　　（一）报名方式、时间、地点  报名方式：1.电子邮件报名：[czerykjk@sina.cn](mailto:czerykjk@sina.cn)  2. 现场报名  报名时间：2017年8月28日-9月30日  报名地点：江苏省常州市第二人民医院阳湖院区（滆湖中路68号）行政楼六楼601室 科教科  （二）报名资格审查  报考者报名时须提供：  ①《常州市第二人民医院住院医师规范化培训报名表》一份（见附件）；  ②简历一份；  ③身份证原件及复印件一份；  ④近期正面免冠二寸照片2张；  ⑤毕业生就业推荐表、成绩单原件及复印件一份（往届生需同时提供毕业证书及学位证书）；  ⑥英语、计算机等级考试合格证书原件及复印件一份；  ⑦获奖证书原件及复印件一份。  （三）报名费及考试费全免  **五、考试**  考试方式由笔试、面试两部分组成，各占总分50%，总成绩100分。考试时间初步定于9月底，具体时间和地点另行通知。  **六、录取及体检**  　　 面试和临床技能考试结束后，根据成绩，拟招收人数从高分到低分确定参加体检人员，并参照《国家公务员录用体检通用标准（试行）》，因体检不合格缺额逐一递补。  　 对体检合格人员，由医院与其签订相应培训合同，并办理有关手续。  **七、相关规定及待遇**  　　 1、住院医师规范化培训一般为期三年，自2017年10月1日起至2020年9月30日结束。医院按照国家卫生计生委对发布的培训标准，制定培训计划和轮转方案，并按计划对学员进行培训。培训结束后，需参加国家卫生计生委统一组织的考试，合格者方可取得国家卫生计生委颁发的《住院医师规范化培训合格证书》。  　　 2、培训期间，医院与培训对象签订培训协议，培训期限为合同期限。培训对象依法参加并享有养老、医疗、等社会保障。培训期间，两年内未通过执业医师者，终止其参加全科医生规范化培养，解除培训协议。  3、培训期间可根据个人意愿自行终止培训，但须提前一个月书面申请。培训结束后，培训协议自然终止，培训对象自主择业**，**同时也可参照《南京医科大学临床医学和口腔医学专业学位研究生教育与江苏省住院医师规范化培训双向接轨试行办法》和《江苏省住院医师规范化培训一阶段人员申请南京医科大学临床医学和口腔医学硕士专业学位实施细则》的相关文件，**申请临床医学硕士专业学位。**  4、除法律法规和政策规定的原因外，需要延长培训期限的，须由本人申请，培训医院同意，延长期内只签订培训协议，不再享受津贴和社会保障待遇，但可免除培训费。  **八、招收政策咨询电话**  招收政策咨询电话：0519-81087655或051981087654  网址: www.czey.com 邮箱：[czerykjk@sina.cn](mailto:czerykjk@sina.cn) (推荐使用）  联系人：汪薇青  **九、招生监督**  常州市第二人民医院纪委：0519-88120506  **常州市第二人民医院**  **2017年8月27日**  常州市第二人民医院住院医师规范化培训报名表   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 姓 名 | |  | | | 性 别 |  | 民 族 | |  | |  | | 出生年月 | |  | | | 出生地 |  | 政治面貌 | |  | | | 身 高 | |  | | | 体 重 |  | 健康状况 | |  | | | 毕业院校 | |  | | | | | 毕业时间 | |  | | | 所学专业 | |  | | | 最高学历 |  | 学 位 | |  | | | 外语水平 | |  | | | 计算机能力 |  | 是否任学生干部 | | | |  | | 毕 业 证 书 编 号 | | | | |  | | | | | | | | 拟 报 名 专 业 | | | | |  | | | | | | | | 身份证号 | |  | | | | | | 户 籍 |  | | | | 有何特长 | |  | | | | | | | | | | | 通讯地址 | |  | | | | | | 邮政编码 |  | | | | 现住地址 | |  | | | | | | 邮政编码 |  | | | | 联系电话 | |  | | | | | | 电子邮箱 |  | | | | 家庭主要成员 | 姓 名 | | 关 系 | 工 作 单 位 及 职 务 | | | | | | 联 系 电 话 | | |  | |  |  | | | | | |  | | |  | |  |  | | | | | |  | | |  | |  |  | | | | | |  | | |  | |  |  | | | | | |  | | |  | |  |  | | | | | |  | | | **个 人 履 历（从中学开始）** | | | | | | | | | | | | | 时 间 | | | | 学 校 及 院 系 | | | | | | 担 任 职 务 | | |  | | | |  | | | | | |  | | |  | | | |  | | | | | |  | | |  | | | |  | | | | | |  | | |  | | | |  | | | | | |  | | |  | | | |  | | | | | |  | | | **本人声明：上述填写内容真实无误。**  **申请人（签名）：**  **年 月 日** | | | | | | | | | | | | | **培训单位审核意见 ：**    **培训单位公章**  **年 月 日** | | | | | | | | | | | | |

注：本表一式两份，填写工整。网址：<http://www.czey.com/> 电话：0519-88104933