**台灣胸腔暨重症加護醫學會準會員入會申請書**

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| **中文**  **姓名** | | | | | | | | **英文**  **姓名**  （請務必填寫） | | | | | | | | | | | **申報日期**：  民國 年  月 日 | | ２吋正面半身  彩色照片１張 | | | |
| 身份  證號 |  | |  |  | |  |  | |  |  |  | |  |  |  | | 審查結果(以下請勿填寫) | | | |
| 性別 | ⬜ 男 ⬜ 女 | | | | | | | **出生年月日**，民國 年  月 日生 | | | | | | | | | | 籍貫  省 縣  市 市 | | |
| 住宅地址 |  | | | | | | | | | | | | | | | | | | | |
| 學校與學系名稱： 畢業年月： 年 月 | | | | | | | | | | | | | | | | | | | | | | | | |
| 經  歷 | | 住院  醫師 | | | 訓練醫院 | | | | | | | | | | | 科 別 | | | | 期 間 | | | 主持人 | |
| 自年／月 | | 至年／月 |
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| 住院  總醫師 | | |  | | | | | | | | | | |  | | | |  | |  |  | |
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| 代訓 | | |  | | | | | | | | | | |  | | | |  | |  |  | |
| 主治  醫師 | | |  | | | | | | | | | | |  | | | |  | |  |  | |
| 其他 | | |  | | | | | | | | | | |  | | | |  | |  |  | |
| 服務  單位  資料 | | 單位／科別／職稱： | | | | | | | | | | | | | | | | | | | | | | |
| 地址： | | | | | | | | | | | | | | | | | | | | | | |
| 電話：（ ） 分機： ，行動電話： (請填寫以方便聯絡) | | | | | | | | | | | | | | | | | | | | | | |
| **請填寫有效Email帳號，公告學會資訊**  １. ，２. | | | | | | | | | | | | | | | | | | | | | | |
| 介紹人本會  胸專專科醫師  會員 | | 請親自簽名 | | | | | | | | | | 現 職 | | | | | | | | | | | | 胸專證號 |
| １ | | | | | | | | | |  | | | | | | | | | | | | 第 號 |
| ２ | | | | | | | | | |  | | | | | | | | | | | | 第 號 |
| **備註：申請時應檢附資格文件：１.會費與入會費$2500劃撥收據、２.本會專科醫師訓練申請表、**  **３.畢業證書、４.醫師證書、５.醫師執業執照正反面、６.主專科醫師證書７.服務經歷證明及在職證明，(代訓醫師請再檢附代訓練醫院出具之同意胸腔專科醫師訓練資歷公文)以上證件影本概不退還。** | | | | | | | | | | | | | | | | | | | | | | | | |