台灣胸腔暨重症加護醫學會 **胸腔暨重症醫學專科醫師訓練申請表**

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| 中文  姓名 | | | | | 民國 年  月 日生 | 身份證號 | |  |  |  | |  | |  |  | |  |  | |  |  |  |
| 性別 | ⬜男 ⬜ 女 | | 訓  練  科  別 | ⬜ **胸腔內科**暨重症醫學專科醫師訓練  ⬜**胸腔外科**暨重症醫學專科醫師訓練 | | | | | | | | | 審查結果(以下申請人請勿填寫) | | | | | | | | | |
| 學  歷 | 學 校 | | | | | | | | | | | | 獲得學位年月 | | | | | | | | | |
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| 訓  練  經  歷 | 訓練內容 | 訓練醫院 | | | | | 科別 | | | | 期 間 | | | | | | | | 主持人 | | | |
| 自年/月 | | | | | 至年/月 | | |
| 實習  醫師 |  | | | | |  | | | |  | | | | |  | | |  | | | |
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| 內、外專科醫師基礎訓練 |  | | | | |  | | | |  | | | | |  | | |  | | | |
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| 胸腔暨重症醫學專科醫師訓練 |  | | | | |  | | | |  | | | | |  | | |  | | | |
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| 其他 |  | | | | |  | | | |  | | | | |  | | |  | | | |
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| 已參加學 會會 籍 |  | | | | | | | | | | | | | | | | | | | | | |
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| **訓練醫院名稱： 科別：**  **訓練計畫主持人**  **科主任： （請簽名蓋章）申報日期：民國 年 月 日** | | | | | | | | | | | | | | | | | | | | | | |