附件3

**河南省卫生系列高级职称申报推荐诚信承诺书**

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| 姓名 | | | | | |  | | | | | | | 性别 | | | | | | |  | | | 身份证号 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 工作单位 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申报级别 | | | | | | 正高□  副高□ | | | | | | | 申报职称 | | | | | | |  | | | | | | | | | | | 申报专业 | | | | | | | | | |  | | | | | | | | | | | |
| 评审类型 | | | | | | 正常□ 破格□  转评□ | | | | | | | | | | | | | | 专业类别 | | | | | | | | | | | | 医疗类□ 护理类□  药学类□ 技术类□ | | | | | | | | | | | | | | | | | | | | |
| 申报类型 | | | | | | 全省高级评审 □ 基层高级评审 □ 乡镇社区副高级评审 □ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 业务考试情况 | | | | | | 合格□ 考试年度：2023□ 2024□ 2025□  免试□ 免试原因：援疆□ 援外□ 疫情防控一线人员□  全科医学中级聘任满10年□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否人事代理人员： 是 □ 否 □  如是，请填写人事档案存放机构及存档编号： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否学校编制人员：是□ 否□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **学历、学位情况（参评使用的学历和学位）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学历层次 | |  | | | | | | | | | 毕业院校 | | | | | |  | | | | | | | | | | 毕业证  书编号 | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 毕业专业 | |  | | | | | | | | | 起止年月 | | | | | |  | | | | | | | | | | 学习  形式 | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 学位层次 | |  | | | | | | | | | 授予院校 | | | | | |  | | | | | | | | | | 学位证  书编号 | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 学位专业 | |  | | | | | | | | | 起止年月 | | | | | |  | | | | | | | | | | 学习  形式 | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 学习经历 | 学历 |  | | | | | | 毕业学校及专业 | | | | | | | | |  | | | | | | | | | | 起止  时间 | | | | | | | | | | | | | | |  | | | | | | 学习形式 | | | |  |
| 学历 |  | | | | | | 毕业学校及专业 | | | | | | | | |  | | | | | | | | | | 起止  时间 | | | | | | | | | | | | | | |  | | | | | | 学习形式 | | | |  |
| 学历 |  | | | | | | 毕业学校及专业 | | | | | | | | |  | | | | | | | | | | 起止  时间 | | | | | | | | | | | | | | |  | | | | | | 学习形式 | | | |  |
| 学历 |  | | | | | | 毕业学校及专业 | | | | | | | | |  | | | | | | | | | | 起止  时间 | | | | | | | | | | | | | | |  | | | | | | 学习形式 | | | |  |
| 学历 |  | | | | | | 毕业学校及专业 | | | | | | | | |  | | | | | | | | | | 起止  时间 | | | | | | | | | | | | | | |  | | | | | | 学习形式 | | | |  |
| **职称证书及聘任情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现有卫生  职称名称 | | | | | | | | |  | | | | | | | | | | | 考试或评审专业 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 证书编号 | | | | | | | | |  | | | | | | | | | | | 取得时间 | | | | | | | | |  | | | | | | | | | 聘任时间 | | | | | | | | | | |  | | | |
| 取得方式 | | | | | | | | | 初聘 □ 考试 □ 评审 □ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 评委会名称（评审获得者需填写） | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现有卫生职称类型 | | | | | | | | | | | | | | | | | | 全国通用□ 省内适用□ 基层适用□ 乡镇适用□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 取得现职称时所在单位 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其他职称及证书编号 | | | | | | | | |  | | | | | | | | | 专业 | |  | | | | | | | | | | | | | 取得  时间 | | | |  | | | | | | | | 聘任  时间 | | | | |  | | |
| 其他职称及证书编号 | | | | | | | | |  | | | | | | | | | 专业 | |  | | | | | | | | | | | | | 取得  时间 | | | |  | | | | | | | | 聘任  时间 | | | | |  | | |
| **医师资格、护士执业资格、执业药师及执业证书情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格证书编号 | | | |  | | | | | | | | | | | | | | 资格证取得时间 | | | |  | | | | | | | | | | | | | | | 医师资格类别 | | | | | | | 临床□ 中医□口腔□ 公卫□中西医结合□ | | | | | | | | |
| 执业证书编号 | | | |  | | | | | | | | | | | | | | 主要执业机构 | | | |  | | | | | | | | | | | | | | | 执业  范围 | | | | | | |  | | | | | | | | |
| 近5年执业医师、执业护士、执业药师注册变更情况（变更时间、变更内容）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **所在医疗机构情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 级别 | | | | | 三级□ 二级□ 一级□ 其他□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 床位数 | | | | | | | | |  | | | | | | | | | |
| 医疗机构许可证颁发机关（非公单位填写） | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医疗机构地址（非公单位填写） | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **工作经历（按时间填写，同一单位科室或岗位有变动的也需填写）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | | | | | | 单位 | | | | | | | | | | | | | | | | | | | 科室 | | | | | | | | | | | | 职称/行政职务 | | | | | | | | | | | | |
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| **护理岗位类别** | | | | | | | | | 临床护理岗位□ 护理管理岗位□ 其它护理岗位□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **进修情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | | | - | | | | | | | | | 进修单位 | | | |  | | | | | | | | | | | | | | | | 进修专业 | | | | | | | | | | | |  | | | | | |
| **对口支援情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 完成对口支援□ | | | | | | | 起止时间 | | | | | | | | | - | | | | | | | | | | 对口支援单位 | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 对口支援形式 | | | | | | | 驻点帮扶□ 巡诊□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 免对口支援□ | | | | | | | 1.经组织选派的援外医疗队员 □  2.经组织选派的援疆医疗队员（连续6个月以上）□  3.新冠肺炎疫情防控一线医务人员 □  4.有1年以上县乡医疗机构工作经历（对口支援单位同级别）□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **任期内带教情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被带教人员姓名 | | | | | | | | | | | | 职称 | | | | | | | | | 单位 | | | | | | | | | | | | | | | | | | | | | | 起止时间 | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | - | | | | | | | | | |
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| **近5年年度考核情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020 | | |  | | | | | | | 2021 | | | | | |  | | | | 2022 | | | | |  | | | | | 2023 | | | | | | | | |  | | | | | | | 2024 | | | | |  | |
| 其他需要说明的情况： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 承诺：已对申报人填报的内容与个人的证件逐项进行核查，以上内容真实有效，并在本单位进行公示满5个工作日，申报推荐工作符合程序和要求。如有不实或隐瞒，愿承担责任并接受处罚。    承诺人签字： 核查人签字： 单位负责人签字：  工作单位（盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**填写说明：**

1.本表格请用A4纸单面打印，承诺栏签字处需用黑色签字笔手写。在对应□内打“√”，空缺不填的视为无。

2.转评或转评后晋升者须在“其他职称”栏目填写其他系列或其他专业职称、专业、获得时间及聘任时间。

3.学习经历填写中专及以上学历，按时间顺序填写完整，学习形式填写全日制或非全日制。

4.护理岗位类别以各单位按照《河南省卫生健康委员会关于印发进一步完善医疗机构护士岗位管理指导意见的通知》（豫卫医〔2024〕27号）报送的护理岗位设置名录备案表为准。

5.诚信承诺书签字盖章后，需扫描上传至职称申报系统——补充资料一栏。