台灣中醫美容醫學會專科醫師甄審申請書

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| 姓名 | | 中文 |  | | | 性別 |  | | | 身分證字號 | |  | |  |  | |  |  |  | |  |  | |  |  | 中醫  ︵  ︶  醫學會 | □會 員(證號 ) | | | | | |
| 英文 |  | | | | | | | 出生 | | 民國　　年　　月　　日 | | | | | | | | | | | | | | □準會員(證號 ) | | | | | |
| 籍貫 | |  | | | | | | | | 電話 | | ( ) | | | | | | | | | | | | | | □非會員 | | | | | |
| 地  址 | 通訊 | □□□ | | | | | | | | | | | | | | | | | | | | | | | |  | | ︵  二張浮貼背書姓名  ︶ | 照片三張 | 正面  脫帽半身 | 最近一年內二吋 |  |
| 永久 | □□□ | | | | | | | | | | | | | | | | | | | | | | | |
| 中醫師證書： | | | | 台中字第　　　　　　號 | | | | 執業執照: | | | （　）衛醫執字第　　　　號 | | | | | | | | | | | | | | |
| 電子信箱號碼 | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 經  歷 | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | | 專任□ 兼任□ | | | | | | |
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| 現  職 | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | | 專任□ 兼任□ | | | | | | |
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|  | 綜合以上資料本人符合專科醫師甄審原則第　條　第　款，敬請惠予審核。　申請人：　　　　（簽名蓋章） | | |
| （雙線下請勿填寫） | 審核結果 | |
| １.證件：已齊全　□　　未齊全　□ | 日期 | ：　　　年　　月　　日 |
| 2.條件：已符合　□ 未符合 □ | 專科醫師證書字號 | ： |
| 審核者: 秘書長: 理事長: | 簽證日期 | ：　　　年　　月　　日 |