**附件3**

**全国盲人医疗按摩人员高级专业技术职务任职资格评审送审表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | | |  | **性别** |  | | **出生年月** | | | |  | | | **盲否** | |  | |
| **单位** | | |  | | | | **单位性质** | | | |  | | | **参加工**  **作时间** | |  | |
| **行政职务** | | | |  | | | | | | | | | | **有否专**  **业岗位** | |  | |
| **现专业技术职务** | | | |  | | | **从事专**  **业年限** | | | |  | | | **申报专业技术职务** | |  | |
| **职称评审情况** | | | **职 别** | **职 务** | | | **评 审 单 位** | | | | | | | | | **评审时间** | |
| **初 级** |  | | |  | | | | | | | | |  | |
| **中 级** |  | | |  | | | | | | | | |  | |
| **副 高** |  | | |  | | | | | | | | |  | |
| **学历** | | | **毕业学校** |  | | | | | | | | | | **毕业时间** | |  | |
| **所学专业** |  | | | | **学制** | | |  | | | **学位** | |  | |
| **师带徒** | | | **老师姓名** |  | | | | **从师时间** | | | | | | **起： 止：** | | | |
| **工**  **作**  **简**  **历** | | |  | | | | | | | | | | | | | | |
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| **任现专业技术职务期间工作成绩、科研、学术水平** | | | | | | | | | | | | | | | | | |
| **论文发表情况** | **论文题目** | | | | **刊物名称** | | | | **期刊号** | | **级别** | **发表时间** | | **字数** | | **第几作者** | |
|  | | | |  | | | |  | |  |  | |  | |  | |
|  | | | |  | | | |  | |  |  | |  | |  | |
| **著作发表情况** | **著作名称** | | | | | | | **出版社** | | | | **书号** | | **字数** | | **第几作者** | |
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| **科研教学情况** |  | | | | | | | | | | | | | | | | |
| **实际工作成绩** |  | | | | | | | | | | | | | | | | |
| **省指导中心呈报意见** | **承办人： （盖章）**  **年 月 日** | | | | | | | | | | | | | | | | |