**苏北人民医院**

**医务人员外出进修审批表**

**（教育处留存）**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **科室** |  | **职称** |  | **起止时间** |  |
| **进 修 单 位** | |  | | | | **进修专业** |  |
| **科主任/护士长意见** | |  | | | **医务部/护理部意见** | |  |
| **教育处批准意见** | |  | | | | | |

**日期：**

**…………………………………………………………………………………………………………………..………**

**苏北人民医院**

**医务人员外出进修审批表**

**（本人留存报销用）**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **科室** |  | **职称** |  | **起止时间** |  |
| **进 修 单 位** | |  | | | | **进修专业** |  |
| **科主任/护士长意见** | |  | | | **医务部/护理部意见** | |  |
| **教育处 意 见** | |  | | | | | |
| **分管院长意见** | |  | | | **院 长 意 见** | |  |

**日期：**

**…………………………………………………………………………………………………………………………**

**苏北人民医院**

**医务人员外出进修备案表**

**（人力资源部留存）**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **科室** |  | **职称** |  | **起止时间** |  |
| **进 修 单 位** | |  | | | | **进修专业** |  |
| **科主任/护士长意见** | |  | | | **医务部/护理部意见** | |  |
| **教育处 意 见** | |  | | | **进修结束报到时间** | |  |
| **进修医院考核意见** | |  | | | | | |
| **分管院长意见** | |  | | | **院 长 意 见** | |  |

**日期：**