**临床连续在职工作证明**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | | 性别 | | | |  | | | | 出生日期 | | | | |  | | | | | | 照  片 | |
| 籍贯 |  | | | | | | 民族 | | | |  | | | | 政治面貌 | | | | |  | | | | | |
| 学历 |  | | | 学位 | | |  | | | | 学科专业 | | | |  | | | | | | | | | | |
| 身份证号 | |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  |  | | |  |  |  |  |
| 以下由工作单位人事部门填写 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止日期 | | 临床工作年限 | | | | 工作单位 | | | | | | | | | | | 科室 | | | | 工作单位人事部门 | | | | | | |
| 盖章确认 | | | | | | 联系电话 |
|  | |  | | | |  | | | | | | | | | | |  | | | | 年 月 日 | | | | | |  |
|  | |  | | | |  | | | | | | | | | | |  | | | | 年 月 日 | | | | | |  |
|  | |  | | | |  | | | | | | | | | | |  | | | | 年 月 日 | | | | | |  |