**福建省药学会第十四届理事会常务理事候选人登记表(附件2)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | | **性别** |  | | | | **出生年月** | |  | | | | | | **籍贯** | | | |  | |
| **民族** | |  | | **党派** |  | | | | **技术职称** | |  | | | | | | **职务** | | | |  | |
| **身份证号** | | |  | | | | | | | | | | | | | | | | | | | |
| **最高学历** | **毕业学校** | |  | | | | **毕业时间** | | |  | | | | **学位** |  | | | | **专业** | | |  |
| **现从事**  **专业** | | |  | | | | **学术专长** | | |  | | | | | | | | | | | | |
| **工作单位** | | |  | | | | | | | | | | | | | | | | | | | |
| **手机** | | |  | | | **微信** | |  | | | | | **E-mail** | | |  | | | | | | |
| **单位地址** | | |  | | | | | | | **邮编** | |  | | | | | | **电话** | |  | | |
| **中国药学会任职情况** | | |  | | | | | | | | | | | | | | | | | | | |
| **各市学会**  **任职情况** | | |  | | | | | | | | | | | | | | | | | | | |
| **主要学习和工作经历**  **（大学起）** | | |  | | | | | | | | | | | | | | | | | | | |

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| --- | --- |
| **主**  **要**  **学**  **术**  **成**  **就** |  |
| **十四届理事会任期的工作计划或建议** |  |
| **单位意见** |  |
| **福建省药学会意见** |  |

注：1、电子版请到学会网站下载（**http://yxh.fjhxyx.com**），表格需要正反面打印，每项必填，没有的填“无”，不够填可另附纸；2、登记表请于8月16日前，先发WORD电子版到邮箱（[**fjsyxh2018@163.com**](mailto:fjsyxh2018@163.com)），**纸质表格一式两份**，请寄：福建省福州市鼓楼区西二环中路301号东南医药5楼福建省药学会，邮政编码：350001