**中西医结合学会皮肤性病分会**

**痤疮诊疗示范基地申请表**

单位名称：

填表日期： 年 月 日

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| 法定代表人 | |  | | | | 医院等级 | |  | | |
| 科室负责人 | |  | | | | 联系电话 | |  | | |
| 单位地址 | |  | | | | | | | | |
| 邮编 | |  | | | | 电子邮箱 | |  | | |
| 1、科室基本情况 | | 正高级技术职称（名） | | | | | |  | | |
| 副高级技术职称（名） | | | | | |  | | |
| 护士（名） | | | | | |  | | |
| 病床数（个） | | | | | |  | | |
| 门诊诊室间数（间）及面积（平方米） | | | | | |  | | |
| 门诊量（每年） | | | | | |  | | |
| 痤疮相关治疗室间数（间）及  面积（平方米） | | | | | |  | | |
| 2、仪器设备清单（可附页） | | |  |  |  |  | | --- | --- | --- | --- | | 仪器设备名称 | 品牌 | 规格 | 数量 | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | | | | | |
| 3、痤疮诊疗工作  制度及规范 | |  | | | | | | | | |
| **申请理由陈述（**包含痤疮专病门诊人员构成、痤疮诊疗相关设备及开展的技术、痤疮临床诊疗规范及特色，相关科研、获奖等情况**）** | | | | | | | | | | |
| **副高及以上科室人员名单** | | | | | | | | | |
| 序号 | 姓名 | | 性别 | 年龄 | 职称 | | 从事专业  年限 | | 专业特长 |
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| **主要从事痤疮方向人员名单** | | | | | | | | | |
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| 技术负责人近五年来在核心期刊发表的相关文章   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 序号 | 杂志名 | 文章名 | 作者 | 年卷页 | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | |
| 科室意见：  科室负责人：  科室盖章：  日期： 年 月 日 | 单位意见：  单位盖章：    日期： 年 月 日 |