日本病理学会病理専門医受験資格審査申請書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ふりがな | |  | | | | | | | | | | | | | ふりがな | |  | | | | | | | | | |
| 氏名 | |  | | | | | | | | | | | | | 旧姓 | |  | | | | | | | | | |
| 生年月日 | | 西暦 |  | | | | 年 | |  | | 月 |  | 日 | | 性別 | |  | | | | | | |  | | |
| 現住所 | | 〒 | | | | | | | | | | | | | 電話 | |  | | | | | | | | | |
| 所属プログラム | | 病理専門研修プログラム | | | | | | | | | | | | | | | | | | | | | | | | |
| 現勤務先 | |  | | | | | | | | | | | | | 職名 | |  | | | | | | | | | |
| 勤務先所在地 | | 〒 | | | | | | | | | | | | | 電話 | |  | | | | | | | | | |
| E-mail | |  | | | | | | | | | | | | | FAX | |  | | | | | | | | | |
| ア. 医師免許証登録 | | | | | | 第　　　　　号 | | | | | | | | | 西暦 |  | | 年 | | |  | | 月 | |  | 日 |
| イ. 死体解剖資格認定証明書登録 | | | | | | 第　　　　　号 | | | | | | | | | 西暦 |  | | 年 | | |  | | 月 | |  | 日 |
| ウ. 日本病理学会会員歴 | | | 西暦　　　　　年度より | | | | | | | | | | | | 会員番号 | | | |  | | | | | | | |
| 病理研修番号 | | | |  | | | | | | | |
| エ. 学歴と職歴 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| オ. 病理研修歴 | | | | | | | | | | a. 病理解剖 | | | | | | | | | | 体 | | | | | | |
| b. 生検ならびに手術切除検体 | | | | | | | | | | 件 | | | | | | |
| c. 迅速診断 | | | | | | | | | | 件 | | | | | | |
| d. 細胞診件数 | | | | | | | | | | 件 | | | | | | |
| カ. 人体病理学に関する業績 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 題目（著者名） | | | | | | | | | | | | 発表誌巻頁ないし発表学会 | | | | | | | | | | 発表年 | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| 備考 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 日本病理学会病理専門医の受験資格審査を申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 西暦 |  | | | 年 | | | |  | | 月 |  | 日 | |  | | | | | | | | | | | | |
|  | | | | | 申請者 | | | | |  | | | | | | | | | | | | | | | 印 | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 一般社団法人日本病理学会　理事長　殿 | | | | | | | | | | | | | | | | | | | | | | | | | | |