**研究者履历表**

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| --- | --- | --- | --- | --- | --- |
| 姓名  Name |  | 性别  Gender |  | 出生日期  Date of Birth |  |
| 专业  Major |  | 科室  Department |  | 学历/学位  Degree |  |
| 联系电话  Tel |  | | 邮箱  E-mail |  | |
| 受教育经历Education | | | | | |
|  | | | | | |
| 工作经历Professional Experience | | | | | |
|  | | | | | |
| 接受GCP培训经历（请注明培训班名称、举办单位、日期、是否获得证书）GCP Training Experience(Course Name,Date,Certificate) | | | | | |
|  | | | | | |
| 临床研究经历（填写项目不多于5项）Clinical Research Experience(Less Than 5) | | | | | |
|  | | | | | |
| 本人签字 填写日期  Signature Date | | | | | |