江苏省疾病预防控制中心伦理审查委员会

Ethics Committee of Jiangsu Provincial Center for Disease Prevention and Control

委员简历

C.V. of Ethics Committee Member

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | **性 别** |  | | **出生年月** |  | |  |
| **民 族** |  | | **学 历** |  | | **专 业** |  | |
| **毕业学校** |  | | | | | | | |
| **工作单位** |  | | | | | | | |
| **职业/职称** |  | | | | **职 务** | | / | |
| **通讯地址** |  | | | | **联系电话** | |  | | |
| **E-mail** |  | | | | **邮 编** | |  | | |
| **主要工作经历和背景** | | | | | | | | | |
| **时 　间** | | **职务（职称）** | | **工作单位** | | | | **从事专业和工作** | |
|  | |  | |  | | | |  | |
|  | |  | |  | | | |  | |
|  | |  | |  | | | |  | |
|  | |  | |  | | | |  | |
| **近三年参与伦理审查工作和有关培训情况（可另附页）** | | | | | | | | | |

签名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期：XXXX年XX 月XX日