**教师资格认定申请表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | | | | 性别 |  | | | 2寸近期  正面免冠  照片 | | |
| 民族 |  | | | | | 政治面貌 | | |  | | | |
| 出生日期 |  | | | | | 出生地 | | |  | | | |
| 毕业学校 |  | | | | | | | | | | | |
| 所学专业 |  | | | | | | | | | | | |
| 最高学位 |  | | | | | | 最高学历 | | | | |  | | | |
| 现从事职业 |  | | | | | | | 专业技术职务 | | | |  | | | |
| 通讯地址 |  | | | | | | | | | | | 邮编 | |  | |
| 联系电话 |  | | | | | | | 电子邮箱地址 | | | |  | | | |
| 申请任教学科（课程） | | | | |  | | | | | | | | | | |
| 身份证号码 |  | | | | | | | | | | | | | | |
| 本人简历 | | | | | | | | | | | | | | | |
| 时间 | | | | 单位 | | | | | | | 职务 | | | | 证明人 |
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| 思想品德鉴定意见 | |  | | | | | | | | | | | | | |
| 身体和健康状况 | |  | | | | | | | | | | | | | |
| 修学教育学（高等教育学）、教育心理学（高等教育心理学）课程情况 | |  | | | | | | | | | | | | | |
| 普通话水平 | |  | | | | | | | | | | | | | |
| 教育教学能力  测试结果 | | 面试 | 组长（签名） | | | | | | | | | | | | |
| 试讲 | 组长（签名） | | | | | | | | | | | | |
| 教师资格认定  专家评议委员会  评议意见 | | 公章  年 月 日 | | | | | | | | | | | | | |
| 教师资格认定机构  意见 | | 公章  年 月 日 | | | | | | | | | | | | | |
| 教师资格证书号码 | |  | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | |

**湖南省教师资格认定体检表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | | | 性别 | |  | | | 婚否 | | |  | | 民族 | | |  | | 半身  脱帽  正面  相片  医院骑缝章 |
| 出生年月 | | |  | | | 身份证号 | | |  | | | | | | | | | | | |
| 最高学历 | | |  | | | 职业 | |  | | | | | | 籍贯 | | |  | | | |
| 现住所及  通讯地址 | | |  | | | | | | | | | | | | | | | | | |
| 既往病史 | | |  | | | | | | | | | | | | | | | | | | |
| 家族病史 | | |  | | | | | | | | | | | | | | | | | | |
| 五  官  科 | 眼 | | 视力 | | 右 | | | 矫正  视力 | | | | 右 | | | 辩色力 | | |  | | 医师意见：  签字： | |
| 左 | | | 左 | | |
| 砂眼 | | 右 | | | 其他  眼疾 | | | |  | | | | | | | |
| 左 | | |
| 耳 | | 听力 | | 右公尺 | | | 耳疾 | | | |  | | | | | | | |
| 左公尺 | | |
| 鼻 | | 嗅觉 | |  | | | 鼻及鼻  窦疾病 | | | |  | | | | | | | |
| 咽喉 | |  | | | | | 唇腭 | | | |  | | | 口吃 | | |  | |
| 齿 | | 龋齿 | |  | | | 缺齿 | | | |  | | | 齿槽  脓漏 | | |  | |
| 其他 | |  | | | | | | | | | | | | | | | | |
| 外  科 | 身高 | | cm | | | | 胸围 | | | cm | | | | | 皮肤 | | |  | | 医师意见：  签字： | |
| 体重 | | kg | | | | 呼吸差 | | | cm | | | | |
| 淋巴 | |  | | | | 甲状腺 | | |  | | | | | 脊柱 | | |  | |
| 四肢 | |  | | | | 关节 | | |  | | | | | 平嗻足 | | |  | |
| 泌尿生殖器 | | |  | | | | | | | | | | | 肛门 | | |  | |
| 疝 |  | | | | | | | | | | | 其他 | |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 内  科 | 血压 | 毫米汞柱 | | 脉搏 |  | 医师意见：  签字： |
| 发育及营养状况 |  | | | |
| 神经  及精神 |  | | | |
| 肺及  呼吸道 |  | | | |
| 心脏  及血管 |  | | | |
| 腹部  器官 |  | 肝 |  | |
| 脾 |  | |
| 其他 |  | | | |
| 化验检查 | | 贴肝功能化验单  化验员（签章）： | | | | |
| 胸部爱克斯线透视 | | 医师（签章）： | | | | |
| 其他检查 | |  | | | | |
| 检查结论 | | 负责医师（签章）：医院盖章 | | | | |
| 备注 | |  | | | | |

**申报认定教师资格人员思想品德鉴定表**

编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 申请人姓名 |  | 性别 | |  | | 工作单位 | | |  | | | | |
| 2 | 常驻地址 |  | | 邮编 | | |  | | 电话 | | |  | | |
| 3 | 身份证号码 |  | | | 申请资格种类及学科 | | | | | | | | |  |
| 4 | 工作、政治  思想表现 |  | | | | | | | | | | | | |
| 5 | 热心社会公  益事业情况 |  | | | | | | | | | | | | |
| 6 | 遵守社会  公德情况 |  | | | | | | | | | | | | |
| 7 | 有无行政  处分记录 |  | | | | | | | | | | | | |
| 8 | 有无犯罪  记录 |  | | | | | | | | | | | | |
| 9 | 其他需要  说明的情况 |  | | | | | | | | | | | | |
| 10 | 鉴定单位  （全称） |  | | | | | | | | | | | | |
| 11 | 鉴定单位  地址 |  | | | | 电话 | |  | | | 邮编 | |  | |
| （单位）填写人（签名）：  填写日期： 年 月 日  （加盖单位组织人事部门公章） | | | | | | | | | | | | | | |

本表由中华人民共和国教育部监制

填表说明：

1.表中第1-3栏由申请人填写；第4-11栏由申请人所在工作（学习）单位或户籍所在地乡镇人民政府填写（其中第8栏也可以由公安派出所填写）。

2.“编号”由教师资格认定机关填写。

3.本表必须据实填写，填写字迹应该端正、规范。