### 关于做好2023年春季高等学校教师

### 资格认定工作的通知

各学院：

根据福建省教育厅《关于做好2023年春季高等学校教师资格认定工作的通知》（闽教师〔2023〕29号）要求，为做好我院2023年春季高等学校教师资格认定工作，现将有关事项通知如下：

一、认定对象

我校在职在岗从事高等教育教学工作,但未取得高等学校教师资格证的人员和具有博士学位但未取得高等学校教师资格证的人员。

二、网上申报程序

教师资格认定申请实行网上报名，申请人须在规定的时间内**（2023年3月31日-4月7日）**登录中国教师资格网(http://www.jszg.edu.cn。)，通过“网上办事”栏目下“教师资格认定”服务入口，点击“在线办理”进行账号注册和认定报名，逾期不得补报。申请人应根据系统提示如实完整填报个人信息，上传近期免冠电子照片**（与《教师资格认定申请表》和资格证书上的照片同版)，**并对填报的信息进行核对，由系统自动生成打印《教师资格认定申请表》。

三、网报注意事项

1.单位填写“武夷学院”，无须填到二级学院

2.“任教学科”是选择“类”或“大类”字样的都需选择到二级以下学科名称。

3.个人简历要填写详细：**必须从初中填起，到“至今”**。

4.如有更改信息要重新打印教师资格申请表（**一式三份**）

5.**为了确保申请人信息无误，请于4月4日将系统生成的《教师资格认定申请表》纸质版一份提交至瑞樟1号楼四楼人事处（三）办公室进行审核。**逾期不交，影响网报概不负责。

**四、材料预审**

**1.申请人请于2023年4月13日上午下班前将申请人应提交的所有材料（按材料清单目录排序进行摆放）报送至人事处三办公室。**材料中还有涉及教师资格体检，请各申请人在规定时间内自行安排时间前往指定医院进行体检，体检表有统一模板，详见附件2。

2.申请人还需填报《福建省高校教师资格认定申请材料清单目录》（见附件1）、提交电子照片（要求命名方式为：姓名+身份证号）发送至邮箱2509923985@qq.com，照片纸质版两份（正面免冠白底，规格为小二寸，4.8\*3.3cm），照片背面需注明单位姓名。照片请与网报上传的照片保持一致，连同其它申请材料一起于4月13日下午下班前报送至人事处三办公室。

请各学院高度重视此项工作，务必在规定的时间内通知本部门符合条件的申请人员进行网上申报，及时完成资料的上报与提交工作，如有疑问，请咨询教师工作部（人事处），联系人：朱霞，联系电话：5136226、18620405257。

附件：1.福建省高等学校教师资格认定申请材料清单及清单目录

2.教师资格体检表

教师工作部（人事处）

2023年3月31日

附件1

福建省高等学校教师资格认定申请材料清单

1.《教师资格认定申请表》一式三份（双面打印）；

　 2.学历无法查询的应提供学历认证材料；

3.《福建省教师资格申请人员体检表》原件；

4.普通话水平测试等级证明原件（普通话水平测试等级经过中国教师资格网电子信息比对成功的可不提交）

　　5.在编、在岗材料:公办高校在编教师提供本校人事部门出具的在编在岗任教情况说明，公办高校编外聘用、民办高校聘用教学人员提供聘用合同（合同须能体现目前在聘且已在该校聘满1年）和社会保险证明原件和复印件各一份；

6.辅导员、临床教学人员材料:辅导员提供所在高校出具的情况说明（应包括担任辅导员时间、担任本校何年级何专业辅导员以及是否还在辅导员岗位上等内容，并在《教师资格认定申请表》的简历栏目中注明“辅导员”）；临床教学人员提供卫生系列中级以上专业技术职务证书、所在高校出具的纳入教师管理和近两年临床教学材料等；

7.小二寸彩色相片2张（相片背后用圆珠笔书写工作单位及姓名）；

　　8.其他材料：

　　（1）具有副教授、教授教师职务任职资格的申请人：副教授或教授任职资格证书或聘任证书原件和复印件一份。

　　（2）具有博士学位的申请人：博士研究生学位原件和复印件一份。

　　（3）其他申请人：

　　①《高等教育学》《高等教育心理学》课程考试合格成绩证书原件（即《高等学校教师岗前培训合格证书》）和复印件；

　　②《教育教学基本素质与能力测试表》（师范教育类专业毕业的人员可免，但应提供相应学历层次的学籍档案复印件）。

《教师资格认定申请表》（一份，其余二份单独汇总）和教师资格认定申请材料（不含证书原件）统一使用A4规格纸张制作或复印，材料应加盖学校公章，按上述材料顺序进行左侧装订，并将材料清单装订成封面以便审核。

福建省高校教师资格认定申请材料清单目录

**姓   名：    申请任教学科：**

**工作单位：**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **材料名称** | | **是否提交** | **备注** |
| 1 | 《教师资格认定申请表》原件 | |  |  |
| 2 | 《福建省教师资格申请人员体检表》原件 | |  |  |
| 3 | 在编、在岗证明 | |  |  |
| 4 | 辅导员、临床教学人员相关说明材料 | |  |  |
| 5 | 小二寸彩色相片2张 | |  |  |
| 6 | 普通话水平测试等级证明原件（普通话水平测试等级经过中国教师资格网电子信息比对成功的可不提交） | |  |  |
| 7 | 其他材料 | 副教授或教授任职资格证书或聘任证书复印件 |  |  |
| 博士研究生学历、学位复印件 |  |  |
| 《高等学校教师岗前培训合格证书》复印件 |  |  |
| 教育教学基本素质与能力测试成绩报告单 |  |  |
| 师范教育类专业人员的学籍档案复印件 |  |  |

附件2

福建省教师资格申请人员

体

检

表

|  |  |
| --- | --- |
| 福 建 省 教 育 厅 | 制 |
| 福建省卫生与计划生育委员会 |

体检须知

为了准确反映受检者身体的真实状况，请注意以下事项：

1.均应到指定医院进行体检，其它医疗单位的检查结果一律无效。

2.严禁弄虚作假、冒名顶替；如隐瞒病史影响体检结果的，后果自负。

3.体检表上贴近期二寸免冠照片一张。

4.本表第二页由受检者本人填写（用黑色签字笔或钢笔），要求字迹清楚，无涂改，病史部分要如实、逐项填齐，不能遗漏。

5.体检前一天请注意休息，勿熬夜，不要饮酒，避免剧烈运动。

6.体检当天需进行采血、B超等检查，请在受检前禁食8-12小时。

7.女性受检者月经期间请勿做妇科及尿液检查，待经期完毕后再补检；怀孕或可能已受孕者，事先告知医护人员，勿做X光检查。

8.请配合医生认真检查所有项目，勿漏检。若自动放弃某一检查项目，将会影响对您的录用。

9.体检医师可根据实际需要，增加必要的相应检查、检验项目。

10.如对体检结果有疑义，请按有关规定办理。

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| **姓名** | | | | |  | | | | | | | | | | | | | **性 别** | | | |  | | | | | | | | | | **出生年月** | | | | | |  | | | | | **照**  **片** | | | | | |
| **民 族** | | | | |  | | | | | | | | | | | | | **婚姻状况** | | | |  | | | | | | | | | | **籍 贯** | | | | | |  | | | | |
| **联系电话** | | | | |  | | | | | | | | | | | | | **通讯地址** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **申请资格**  **种类** | | | | |  | | | | | | | | | | | | | **身份证号** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **请本人如实详细填写下列项目**  **（在每一项后的空格中打“√”回答“有”或“无”，如故意隐瞒，后果自负）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **病名** | | | | | | | | | **有** | | | | | | | **无** | | | | **治愈时间** | | | | **病名** | | | | | | | | | | | **有** | | | | | | | **无** | | | | | **治愈时间** | |
| **高血压病** | | | | | | | | |  | | | | | | |  | | | |  | | | | **糖尿病** | | | | | | | | | | |  | | | | | | |  | | | | |  | |
| **冠心病** | | | | | | | | |  | | | | | | |  | | | |  | | | | **甲亢** | | | | | | | | | | |  | | | | | | |  | | | | |  | |
| **风心病** | | | | | | | | |  | | | | | | |  | | | |  | | | | **贫血** | | | | | | | | | | |  | | | | | | |  | | | | |  | |
| **先心病** | | | | | | | | |  | | | | | | |  | | | |  | | | | **癫痫** | | | | | | | | | | |  | | | | | | |  | | | | |  | |
| **心肌病** | | | | | | | | |  | | | | | | |  | | | |  | | | | **精神病** | | | | | | | | | | |  | | | | | | |  | | | | |  | |
| **支气管扩张** | | | | | | | | |  | | | | | | |  | | | |  | | | | **神经官能症** | | | | | | | | | | |  | | | | | | |  | | | | |  | |
| **支气管哮喘** | | | | | | | | |  | | | | | | |  | | | |  | | | | **吸毒史** | | | | | | | | | | |  | | | | | | |  | | | | |  | |
| **肺气肿** | | | | | | | | |  | | | | | | |  | | | |  | | | | **急慢性肝炎** | | | | | | | | | | |  | | | | | | |  | | | | |  | |
| **消化性溃疡** | | | | | | | | |  | | | | | | |  | | | |  | | | | **结核病** | | | | | | | | | | |  | | | | | | |  | | | | |  | |
| **肝硬化** | | | | | | | | |  | | | | | | |  | | | |  | | | | **性传播疾病** | | | | | | | | | | |  | | | | | | |  | | | | |  | |
| **胰腺疾病** | | | | | | | | |  | | | | | | |  | | | |  | | | | **恶性肿瘤** | | | | | | | | | | |  | | | | | | |  | | | | |  | |
| **急慢性肾炎** | | | | | | | | |  | | | | | | |  | | | |  | | | | **手术史** | | | | | | | | | | |  | | | | | | |  | | | | |  | |
| **肾功能不全** | | | | | | | | |  | | | | | | |  | | | |  | | | | **严重外伤史** | | | | | | | | | | |  | | | | | | |  | | | | |  | |
| **结缔组织病** | | | | | | | | |  | | | | | | |  | | | |  | | | | **其他** | | | | | | | | | | |  | | | | | | |  | | | | |  | |
| **备 注：** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **受检者签字：**    **体检日期： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **身高** | | | | **厘米** | | | | | | | | | | | | | | | **体重** | | **公斤** | | | | | | | | | | | | | **血压** | | | | | | | **/ mmHg** | | | | | | | |
| **内**  **科** | | | | **病史：曾患过何种疾病（起病时间及目前症状）。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **心脏** | | | | | | | | | | **心界**  **杂音** | | | | | | | | | | | | | | | | **心率 次/分 律** | | | | | | | | | | | | | | | | | | |
| **肺** | | | | | | | | | |  | | | | | | | | | | | | | | | | **腹部** | | | | | |  | | | | | | | | | | | | |
| **肝** | | | | | | | | | |  | | | | | | | | | | | | | | | | **神经系统** | | | | | |  | | | | | | | | | | | | |
| **脾** | | | | | | | | | |  | | | | | | | | | | | | | | | | **其他** | | | | | |  | | | | | | | | | | | | |
| **建议** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | **医师签字** | | | | | | | |  | | | | |
| **外**  **科** | | | | **病史：曾做过何种手术或有无外伤史（名称及时间），目前功能如何。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **皮肤** | | | | | | | | | |  | | | | | | | | | | | | | | | | **浅表**  **淋巴结** | | | | | |  | | | | | | | | | | | | |
| **头颅** | | | | | | | | | |  | | | | | | | | | | | | | | | | **甲状腺** | | | | | |  | | | | | | | | | | | | |
| **乳腺** | | | | | | | | | |  | | | | | | | | | | | | | | | | **脊柱**  **四肢关节** | | | | | |  | | | | | | | | | | | | |
| **肛门**  **外生殖器** | | | | | | | | | |  | | | | | | | | | | | | | | | | **其他** | | | | | |  | | | | | | | | | | | | |
| **建议** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | **医师签字** | | | | | | | |  | | | | |
| **眼**  **科** | | | | **裸眼**  **视力** | | | | | | | | | | **右** | | | | | | | **矫正**  **视力** | | | | | | | | **右** | | | | | | | **医师签字** | | | | | | | |  | | | | |
| **左** | | | | | | | **左** | | | | | | |
| **色觉** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **其他** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **建议** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | **医师签字** | | | | | | | |  | | | | |
| **耳鼻喉科** | | **听力** | | | | | | | | | **左耳**  **右耳** | | | | | | | | | | | | | | | | | **嗅觉** | | | | | | | | | | |  | | | | | | | | | |
| **外耳** | | | | | | | | |  | | | | | | | | | | | | | | | | | **鼻** | | | | | | | | | | |  | | | | | | | | | |
| **鼻咽** | | | | | | | | |  | | | | | | | | | | | | | | | | | **口咽** | | | | | | | | | | |  | | | | | | | | | |
| **喉咽** | | | | | | | | |  | | | | | | | | | | | | | | | | | **其他** | | | | | | | | | | |  | | | | | | | | | |
| **建议** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **医师签字** | | | | | | |  | | |
| **口腔科** | | **唇腭** | | | | | | | | |  | | | | | | | | | | | | | | | | **舌** | | | | | | | | | | | |  | | | | | | | | | |
| **龋齿** | | | | | | | | |  | | | | | | | | | | | | | | | | **口吃** | | | | | | | | | | | |  | | | | | | | | | |
| **口腔**  **粘膜** | | | | | | | | |  | | | | | | | | | | | | | | | | **其他** | | | | | | | | | | | |  | | | | | | | | | |
| **建议** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **医师签字** | | | | | | |  | | |
| **妇**  **科** | | **病史: 初潮 周期 量（多、中、少）末次月经 绝经年龄 岁**  **结婚年龄： 孕 产 末产 年 月**  **难产： 手术史：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **内**  **诊** | | | | | **外阴** | | | | | | | | **阴道 分泌物** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **宫颈：大小（正常、肥大、萎缩） 糜烂（无、轻、中、重） 质地（软、中、硬）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **宫体： 位 大小 活动 质地（软、中、硬）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **附件：正常 压痛（左右） 增厚（左右） 肿物** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **刮片： 初诊** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **耳鼻喉科** | **听力** | | | | | | | | | **左耳**  **右耳** | | | | | | | | | | | | | | | | **嗅觉** | | | | | | | | | | |  | | | | | | | | | | | |
| **外耳** | | | | | | | | |  | | | | | | | | | | | | | | | | **鼻** | | | | | | | | | | |  | | | | | | | | | | | |
| **鼻咽** | | | | | | | | |  | | | | | | | | | | | | | | | | **口咽** | | | | | | | | | | |  | | | | | | | | | | | |
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| **口腔科** | **唇腭** | | | | | | | | |  | | | | | | | | | | | | | | | **舌** | | | | | | | | | | | |  | | | | | | | | | | | |
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| **宫体： 位 大小 活动 质地（软、中、硬）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **附件：正常 压痛（左右） 增厚（左右） 肿物** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **刮片： 初诊** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **建议： 医师签字** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **耳鼻喉科** | **听力** | | | | | | | | | **左耳**  **右耳** | | | | | | | | | | | | | | | | **嗅觉** | | | | | | | | | | |  | | | | | | | | | | | |
| **外耳** | | | | | | | | |  | | | | | | | | | | | | | | | | **鼻** | | | | | | | | | | |  | | | | | | | | | | | |
| **鼻咽** | | | | | | | | |  | | | | | | | | | | | | | | | | **口咽** | | | | | | | | | | |  | | | | | | | | | | | |
| **喉咽** | | | | | | | | |  | | | | | | | | | | | | | | | | **其他** | | | | | | | | | | |  | | | | | | | | | | | |
| **建议** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | **医师签字** | | | | | | | |  | | | |
| **口腔科** | **唇腭** | | | | | | | | |  | | | | | | | | | | | | | | | **舌** | | | | | | | | | | | |  | | | | | | | | | | | |
| **龋齿** | | | | | | | | |  | | | | | | | | | | | | | | | **口吃** | | | | | | | | | | | |  | | | | | | | | | | | |
| **口腔**  **粘膜** | | | | | | | | |  | | | | | | | | | | | | | | | **其他** | | | | | | | | | | | |  | | | | | | | | | | | |
| **建议** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | **医师签字** | | | | | | | |  | | | |
| **妇**  **科** | **病史: 初潮 周期 量（多、中、少）末次月经 绝经年龄 岁**  **结婚年龄： 孕 产 末产 年 月**  **难产： 手术史：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **内**  **诊** | | | | | **外阴** | | | | | | | **阴道 分泌物** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **宫颈：大小（正常、肥大、萎缩） 糜烂（无、轻、中、重） 质地（软、中、硬）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **宫体： 位 大小 活动 质地（软、中、硬）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **附件：正常 压痛（左右） 增厚（左右） 肿物** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **刮片： 初诊** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **建议： 医师签字** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **耳**  **鼻**  **喉**  **科** | | | **听力** | | | | | | | | | **左耳**  **右耳** | | | | | | | | | | | **耳部** | | | | | | | | | |  | | | | | | | | | | | | | | |
| **鼻部** | | | | | | | | |  | | | | | | | | | | | **咽部** | | | | | | | | | |  | | | | | | | | | | | | | | |
| **喉部** | | | | | | | | |  | | | | | | | | | | | **嗅觉** | | | | | | | | | |  | | | | | | | | | | | | | | |
| **其他** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **建议** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **医师签字** | | | | | | | | |  | | | | | | | |
| **口**  **腔**  **科** | | | **唇腭舌** | | | | | | | | |  | | | | | | | | | | | **牙齿** | | | | | | | | | |  | | | | | | | | | | | | | | |
| **是否**  **口吃** | | | | | | | | |  | | | | | | | | | | | **发音是否**  **嘶哑** | | | | | | | | | |  | | | | | | | | | | | | | | |
| **其他** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **建议** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **医师签字** | | | | | | | | |  | | | | | | | |
| **妇科检查** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **医师签字** | | | | | | | | |  | | | | | | | |
| **申请幼儿教师资格**  **加测** | | | **淋球菌** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **医师签字** | | | | | | | | |  | | | | | | | |
| **梅毒螺旋体** | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **妇科** | | | | | **滴虫** | | | | | | | | |  | | | | | | | | | | | | | |
| **念球菌** | | | | | | | | |  | | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **心**  **电**  **图** | **建议： 医师签字：** | | | |
| **胸**  **部**  **X**  **光**  **片** | **建议： 医师签字：** | | |
| **腹**  **部**  **B**  **超**  **检**  **查** | | **建议： 医师签字：** |
| **体**  **检**  **结**  **论**  **及**  **建**  **议** | |  |
| **体检医院签章处**    **主检医师签字： 年 月 日** |

**注：**对于滴虫和念球菌两项妇科检查项目未婚女性采取阴道口取样。

检 验 项 目

|  |  |  |
| --- | --- | --- |
| **血**  **常**  **规** | **白细胞总数（WBC）及分类** | **血红蛋白（HGB）** |
| **红细胞总数（RBC）** | **血小板计数（PLT）** |
| **血**  **生**  **化** | **丙氨酸氨基转移酶（ALT）** | **尿素氮（BUN）** |
| **天冬氨酸氨基转移酶（AST）** | **肌酐（CR）** |
| **葡萄糖（GLU）** |  |
| **免**  **疫** | **艾滋病病毒抗体（抗HIV）** | **梅毒血清特异性抗体（TPHA）** |
| **尿**  **常**  **规** | **糖（GLU）** | **蛋白质（PRO）** |
| **胆红素（TBIL）** | **尿胆原（URO）** |
| **比重（SG）** | **红细胞（BLO）** |
| **酸碱度（PH）** | **白细胞（LEU）** |
| **镜检** |  |
| **其他** |  | |