|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  | | | | | | | | | | | | | | | | |
| 教育教学技能  测试结果 | 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 |  | | | | | | | | | | | | | | | | |

教师资格认定申请表

姓 名

工 作 单 位

户籍所在地

申请资格种类

填 表 日 期

中华人民共和国教育部监制

**填 表 说 明**

一、“本人简历”栏目从本人小学毕业后填起。

二、“所学专业”名称按毕业证书专业填写。

三、“申请任教学科”名称按照中华人民共和国教育部或者省级教育行政部门制订的教学计划规定填写。

四、“户籍所在地”填写至乡镇或者街道办事处。

五、“现从事职业”栏按国家规范要求填写（如公务员、医生、工人、农民、军人等）。

六、申请人有下列情况，认定机构应在备注栏中注明：

1.取得过某种教师资格

2.被撤销过教师资格

3.其它需要说明的情况

七、本表一式二份，封面、表格第一页及第二页前四项由申请人据实填写，其余各项由教师资格认定评议委员会和认定机构填写。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | | | | | | | 性别 | | | |  | | | | | | | | **2寸近期**  **正面免冠**  **彩色照片** | | | | | | |
| 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 |  | | | | | | | | | | | 电子信箱地址 | | | | | | | | | |  | | | | | | | | | |
| 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 | | | |
|  | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |
|  | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |
|  | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |
|  | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |
|  | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |
|  | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |
|  | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |
|  | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |
|  | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |