

**Peer Recommender Form of Outstanding Young TCM Practitioners of the Year 2024**  
**2024 年度杰出青年中医师 同仁推荐表**

(For Peer Recommender to Complete)

Name of Recommender: \_\_\_\_\_  
推荐人姓名

Title: \_\_\_\_\_ Working place: \_\_\_\_\_  
职位 工作单位

Cell phone: \_\_\_\_\_  
电话

Email: \_\_\_\_\_  
电子邮箱

Home address: \_\_\_\_\_  
家庭住址

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
城市 州 邮政编码

Recommended Applicant's Name: \_\_\_\_\_  
推荐申请人姓名

How long have you known the applicant \_\_\_\_\_  
您认识申请人多久了

How did you know about the applicant \_\_\_\_\_  
您和申请人是如何相识的

Please rate the applicant on the following with 5 being high and 1 being low:  
请对以下内容进行评分，5 表示最高，1 表示最低

	5	4	3	2	1
Professional Skills 专业技能					
Medical Morality 医德医风					
Society contribution 社会贡献					

4. Reason for Recommendation 推荐理由: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
推荐人签名 日期