附件

2022年紧缺人才和县级医院骨干专科医师培训结业考核汇总表

培训基地（盖章）：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 县（市、区、特区） | 姓名 | 性别 | 年龄 | 执业/执业助理医师 | 执业范围 | 工作单位 | 联系电话 | 培训专业 | 身份证号 | 考核成绩 | | | 综合考核是否通过 |
| 理论 | 技能 | |
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注：请于11月5日前报省卫生健康委，邮箱：[237548802@qq.com](mailto:wstkjc1032@163.com)。