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）：

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
|  |  |   |  |  |  |   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 注：请于11月5日前报省卫生健康委，邮箱：237548802@qq.com。