附件4

2019年传统医学确有专长人员考核报名汇总表

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_县（市）区（加盖公章）填报人：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 序号 | 姓名 | 性别 | 年龄 | 报名单位 | 从事确有  专长年限 | 技术专业 | 身份证号 | 证明医师信息 | | | |
| 姓名 | 职称或工作时间 | 执业单位及科室 | 身份证号 |
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备注：技术专长只限于以下一个专业：中医内科；中医外科；中医妇科；中医儿科；中医眼科；中医耳鼻喉科；中医皮肤科；中医骨伤科；针灸科；推拿科。