|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件3 | |  |  |  |  |  |  |  |  |  |  |  |
| **2023年度卫生专业技术资格考试报名人员花名册** | | | | | | | | | | | | |
| **单位名称（盖章）：** | | | | | | | |  |  |  |  |  |
| **序号** | **姓名** | **身份证号** | **单位名称** | **专业 及代码** | **学历** | **现有职称** | **取得职称 年限** | **报考级别** | **报考 科目数** | **审核情况** | | **备注** |
| **初审一** | **初审二** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |
| 填表人： | | | 联系电话： | | | | | | 复核人： | | | |
| **2023年度卫生专业技术资格考试报名人员花名册** | | | | | | | | | | | | |
| **单位名称（盖章）：** | | | | | | | |  |  |  |  |  |
| **序号** | **姓名** | **身份证号** | **单位名称** | **专业 及代码** | **学历** | **现有职称** | **取得职称 年限** | **报考级别** | **报考 科目数** | **审核情况** | | **备注** |
| **初审一** | **初审二** |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |  |  |
| 填表人： | | | 联系电话： | | | | | | 复核人： | | | |