表3

苏州工业园区2019-2020年医师定期考核情况汇总表

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| 考核机构 (盖章) 负责人签名 填表时间 | | | | | | | | | | | | | | | | | | |
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| 被考核单位 | 应参加考核人数 | | | 实际参加考核人数 | | | 考核合格人数 | | | | | | 考核不合格人数 | | | | | |
| 一般程序 | 简易程序 | 合计 | 一般程序 | 简易程序 | 合计 | 一般程序 | 简易程序 | 合计 | 初级职称 | 中级职称 | 高级职称 | 一般程序 | 简易程序 | 合计 | 初级职称 | 中级职称 | 高级职称 |
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| 填表人： 联系电话： | | | | | | | | | | | | | | | | | | |

考核机构向卫生行政部门申报