各市2018年传统医学师承出师考核人员汇总表

填报单位（ 市卫生计生委 公章） 填报人签名： 填报日期：

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓 名 | 性别 | 身份证号码 | 学历 | 工作单位 | 师承老师姓 名 | 师承老师工作单位 | 师承老师执业年限及专长 |  初审结果 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |