2019年度卫生专业技术资格考试报名汇总表

**（中/初级）**

单位（盖章）： 联系电话：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 级别 | 专业 | 专业代码 | 取得继续教育学分数 | 联系电话（必填） | 备注 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
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| 20 |  |  |  |  |  |  |  |
| 合计 |  |  |  |  |  |  |  |

**备注：请将初、中级分别统计汇总。**