附件4

**农村医生副高级职称考核认定表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | |  | | | | | | 性别 | | | |  | | | 身份证号 | | | | | | |  | | | | | | | | | | 申报专业 | | | | | |  | | |
| 工作单位 | | | | | |  | | | | | | | | | | | | | | | | | 参加工作时间 | | | | | |  | | | | | | | | | | | |
| 学历情况 | 第一学历 | | | |  | | | | 毕业时间 | | | |  | | | | | | | 毕业院校及专业 | | | | | | |  | | | | | | | | | | | | | |
| 最高学历 | | | |  | | | | 毕业时间 | | | |  | | | | | | | 毕业院校及专业 | | | | | | |  | | | | | | | | | | | | | |
| 现有职称  名称及专业 | | | |  | | | | | | | 职称证书  编号 | | | | | |  | | | | | | | | 取得方式  及时间 | | | | |  | | | | | 聘任时间 | | | |  | |
| 医师资格  证书编号 | | | |  | | | | | | | | | | | | | | | 全科医生规范化培训合  格证书编号及取得时间 | | | | | | | | | | | | | |  | | | | | | | |
| 医师执业资  格证书编号 | | | |  | | | | | | | | | | | | 主要执业  机构 | | | | | | | |  | | | | | | | 执业范围 | | | | |  | | | | |
| 取得中级  职称以后  近10年  考核情况 | | | 年度 | | | |  | | |  | | | |  | | | |  | | |  | | | | |  | |  | | | | | |  | | |  | | |  |
| 结果 | | | |  | | |  | | | |  | | | |  | | |  | | | | |  | |  | | | | | |  | | |  | | |  |
| 工作  简历 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 取得中级  职称以来  奖惩情况 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 取得中级  职称以来  工作完成情况及  主要业绩 |  | | | |
| 单位推荐意见 | | 主管单位意见 | | 县（区）审核部门意见 |
| 负责人： （公章）  年 月 日 | | 负责人： （公章）  年 月 日 | | 负责人： （公章）  年 月 日 |
| 省辖市（省直管县、市）人社部门意见 | | | 考核认定委员会意见 | |
| 负责人： （公章）  年 月 日 | | | 负责人： （公章）  年 月 日 | |

说明：此表双面打印，一式3份，由省辖市人社部门、主管部门、用人单位分别留存，同时需扫描上传至职称申报系统——补充资料一栏。