附件5

**传统医学师承和确有专长人员考核报名情况汇总表**

县（市、区）卫计委（加盖公章） 年 月 日

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 县（区、市） | 单位 | 联系电话 | 身份证号 | 技术专长 | 师承备注 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |