附件9

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| **2023年传统医学确有专长考核报名人员信息汇总表** | | | | | | | |
| 区卫生健康局（盖章）： 填报日期： 年 月 日 | | | | | | | |
| **序号** | **姓名** | **性别** | **身份证号码** | **出生日期** | **联系电话** | **申报确有专长诊疗技术名称** | **备注** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
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