附件8

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| 2024年度抚顺市卫生系列副高级专业技术资格报评人员汇总表 | | | | | | | | | | | | | | | | | |
| 申报单位：（公章） | | | | | | | | | | | | | | | | | |
| **序号** | **组织机构代码** | **医疗机构名称** | **所在科室编码** | **姓名** | **性别** | **身份证号码** | **学历** | **毕业时间** | **毕业专业** | **现有**  **专业 技术**  **资格** | **现有专业 技术资格 取得时间** | **现有专业 技术资格 聘任时间（七级或十级）** | **报评专业** | **报评资格** | **评审级别** | **医师/护士执业证书编码** | **备注** |
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注：1.组织机构代码、医疗机构名称对照《医疗机构执业许可证》填写。

2.所在科室编码须与申报人所管住院病人病案首页数据中的“出院科别”对应，对照RC023 科别代码表（《医疗机构诊疗科目名录》）填写。

3.医师/护士执业证书编码，医师执业证书编码应为15位，护士执业证书编码应为12位。