附件2

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| 2023年度青海省卫生高级专业技术资格考试报名汇总表  填报单位（盖章）： 填报人： 联系电话： | | | | | | | |
| **姓名** | **身份证号** | **报考级别** | **医师执业类别、执业范围** | **报考专业** | **最高学历** | **毕业专业** | **单位名称（与单位公章一致）** |
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| **备注：1.本表请各地各单位人事部门统一用EXCEL制作。2**.**提交纸质版和电子版各1份，身份证号填写务必正确。** | | | | | | | |