附件6

2019年度全市医药行业职称评审登记花名册

申报单位（公章）： 联系人： 联系电话：

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| **姓 名** | **性别** | **单位名称** | **学历** | **取得现资格年限** | **申报资格名称** | **基础材料** | | | | **论文**  **情况** | **继续教育完成情况** | **办公电话和传真**  **（必填项）** | **手机**  **（必填项）** | **单位通信**  **地址**  **（必填项）** | **电子邮箱**  **（必填项）** |
| **评审表** | **登记表** | **考核表** | **工作**  **报告** |
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填写要求：1.“基础材料”、“论文情况”、“继续教育完成情况”须量化。

2.“取得现资格年限”一栏时间精确至月份。

3.“论文情况”具体填写按**论文完成篇数（须为第一或独立作者）**。