附件3

四川省（基层）卫生高级专业技术职务

任职资格评审公示表

单位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 | |  | | | 出生年月 | | |  | |
| 工作单位 |  | | | | | 申报类型 | | |  | | | | |
| 申报专业 |  | | | 拟申报资格名称 | | | | |  | | | | |
| 是否破格 |  | | | 现从事专业 | | | | |  | | | | |
| 参加工作  时间 |  | | | 现任行政职务 | |  | | | 所在科室 | | |  | |
| 现任专业技术职务 |  | | | 取得资格时间 | |  | | | 聘任时间 | | |  | |
| 职称外语考试情况 | 考试语种 | | |  | | 考试级别 | | |  | | | | |
| 考试日期 | | |  | | 考试成绩 | | |  | | | | |
| 组考部门 | | |  | | 未考原因 | | |  | | | | |
| 职称计算机考试情况 | 考试级别 | | |  | | 考试年度 | | |  | | | | |
| 组考部门 | | |  | | 未考原因 | | |  | | | | |
| 卫生副高理论考试情况 | 考试专业 | | |  | | 考试年度 | | |  | | | | |
| 考试成绩 | | |  | | 组考部门 | | |  | | | | |
| 对口支援  情况 | 受援单位： | | | | | 起止时间： | | | | | | | |
| 进修学习  情况 | 进修单位： | | | | | 起止时间： | | | | | | | |
| 任现职期间医学继续教育情况 | | |  | | | | | | | | | | |
| 本专业学历情况 | 学历 | 学位 | 学制 | | 学校 | | | 所学专业 | | | 毕业时间 | | 是否脱产 |
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| 工作经历 | 起止时间 | | | | 单位名称 | | | | | | 职称 | | |
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| 公开发表论文情况 | 论文名称 | | | | 期刊名称 | | 刊号(CN) | | | 类别 | 发表时间 | | 排名 |
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| 任现职以来是否有医疗差错事故、收受红包或受行政处分 | | | | | | | | | | | | | |
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| 任现职期间年度考核结果 |  | | | | | | | | | | | | |
| 公示结果 |  | | | | | | | | | | | | |

**四川省卫生和计划生育委员会卫生职称改革工作办公室制**