附件4：**甘肃省中医确有专长人员考核考试报名汇总表**

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| 序号 | | 报名号 | 姓名 | 性别 | 身份证号 | 所在单位 | 所属中医专长 | 执业年限 | 取得有效行医资格 | 备注 |
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 备注：报纸质表格和EXCEL电子文档各一份。报名号：年度+2（专长）+41+省辖市代码+四位数编码 例： 张三 2016241010001

填表人：                 公章       年   月