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| **2017年度卫生专业技术资格考试医疗单位报送登记表 （新报考生）** | | | | | | | | |
| **报送单位： 费用合计 元** | | | | | | | | |
| **序号** | **姓 名** | **报考专业（级别）** | **身份证号** | **电 话** | **报名费收取（元）** | **考生递交材料 　 签名** | **考生领取材料　 　签名** | **备 注** |
| 1 | \*\*\* | 护理学（中级） |  |  | 280 |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |

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| **2017年度卫生专业技术资格考试医疗单位报送登记表 （历史考生）** | | | | | | | | |
| **报送单位： 费用合计 元** | | | | | | | | |
| **序号** | **姓 名** | **报考专业（级别） 及科目数** | | **身份证号** | **电 话** | **报名费收取（元）** | **考生递交材料 　 签名/时间** | **备 注** |
| 1 | \*\*\* | 护理（初级士） | 3 |  |  | 210 |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |