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| 2017年福建省全科医生特设岗位计划聘用人员备案表 | | | | | | | | | | | | | | | | |  |
| 序号 | 姓名 | 性别 | 出生年月 | 学历 | 毕业院校 | 专业 | 医师资格证书编号 | 医师资 格证取 得时间 | 执业类别 | 执业范围 | 培训经历 | 原工作单位 | | 聘用单位 | | 服务起止时间 |  |
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| 县（市、区）卫计局意见：                        （盖章）                   年   月    日 | | | | | | | 县（市、区）人社局意见：                            （盖章）                          年    月    日 | | | | 县（市、区）财政局意见：                               （盖章）                         年    月    日 | | | | | |  |
| 经办人及联系电话： | | | | | | |  |  |  |  |  | |  | |  |  |  |
| **备注：1.“医师资格证取得时间”应填写执业医师资格证书落款时间。       2.“培训经历”填写经省级卫生计生行政部门认可的全科医生规范化培训、骨干培训、转岗培训或岗位培训。应聘前无相应培训经历的可不填写。       3.“原工作单位”应聘前无工作单位的可不填写。退休人员、人才中介机构的人事代理人员须注明。       4.“服务起止时间”填写聘用合同约定起止时间，填报格式如“2011.12-2014.12”。** | | | | | | | | | | | | | | | | |  |