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| **附表：2019年上半年医师执业注册考核考生信息登记表** |
| **县（市）区卫计局（盖章）：** |
| **序号** | **姓名** | **性别** | **年龄** | **身份证号** | **行政区划** | **执业机构** | **执业级别** | **拟执业范围** | **申请考核事项** | **联系电话** | **备注** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |
|  **注：“拟执业范围”是指申请变更的执业专业。** |