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| **附件4**2024年全国护士执业资格考试烟台考点考生报名登记表 单位： |
| **序号** | **现执业机构** | **姓 名** | **性别** | **身份证号码** | **年龄** | **护理学历** | **学制** | **报考科目** | **联系电话** |
| **专业实务** | **实践能力** |
| 1 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | √ | √ |  |
| 2 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | √ | √ |  |
| 3 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | √ | √ |  |
| 4 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | √ | √ |  |
| 5 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | √ | √ |  |
| 6 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | √ | √ |  |
| 7 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | √ | √ |  |
| 8 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | √ | √ |  |
| 9 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | √ | √ |  |
| 10 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | √ | √ |  |
| 11 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | √ | √ |  |
| 12 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | √ | √ |  |
| 13 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | √ | √ |  |
| 14 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | √ | √ |  |