|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |  | √ | √ |  |