附件6：

2015年度医师定期考核汇总表

考核机构 （盖章） 负责人签名 填表时间

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 被考核单位 | 应参加考核人数 | | | | 实际参加考核人数 | | | | 考核合格人数 | | | | | | | 考核不合格人数 | | | | | | |
| 一般  程序 | 简宜  程序1 | 简宜  程序2 | 合计 | 一般  程序 | 简宜  程序1 | 简宜  程序2 | 合计 | 一般  程序 | 简宜  程序1 | 简宜  程序2 | 合计 | 初级  职称 | 中级职称 | 高级职称 | 一般  程序 | 简宜  程序1 | 简宜  程序2 | 合计 | 初级  职称 | 中级职称 | 高级职称 |
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填表人姓名 联系电话