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