附件2

2025年度广东省卫生专业技术资格考试报名审核表

**确认考点：** **审核号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **基本信息** | 姓名 | | | |  | | | 性别 | | | |  | | | | | | 出生日期 | | | | |  | | | | | |  | | | |
| 证件类型 | | | |  | | | 证件编号 | | | |  | | | | | | | | | 联系方式 | |  | | | | | |
| **报考信息** | 报考级别 | | | |  | | | | | | | | | | | 报考科目 | | | | | | | 基础知识 | | | | | | |  | | |
| 相关专业知识 | | | | | | |  | | |
| 报考专业 | | | |  | | | | | | | | | | | 专业知识 | | | | | | |  | | |
| 专业实践能力 | | | | | | |  | | |
| **教育信息** | **报考学历**  **︵学位︶** | | 学 历 | | | |  | | | | 学 位 | | | | | | |  | | | | | | | | 专 业 | | |  | | | |
| 毕业学校 | | | |  | | | | 入学时间 | | | | | | |  | | | | | | | | 培养方式 | | |  | | | |
| 毕业时间 | | | | | | |  | | | | | | | |
| **学历**  **︵学位︶一** | | 学 历 | | | |  | | | | 学 位 | | | | | | |  | | | | | | | | 专 业 | | |  | | | |
| 毕业学校 | | | |  | | | | 入学时间 | | | | | | |  | | | | | | | | 培养方式 | | |  | | | |
| 毕业时间 | | | | | | |  | | | | | | | |
| **学历**  **︵学位︶二** | | 学 历 | | | |  | | | | 学 位 | | | | | | |  | | | | | | | | 专 业 | | |  | | | |
| 毕业学校 | | | |  | | | | 入学时间 | | | | | | |  | | | | | | | | 培养方式 | | |  | | | |
| 毕业时间 | | | | | | |  | | | | | | | |
| **学历**  **︵学位︶三** | | 学 历 | | | |  | | | | 学 位 | | | | | | |  | | | | | | | | 专 业 | | |  | | | |
| 毕业学校 | | | |  | | | | 入学时间 | | | | | | |  | | | | | | | | 培养方式 | | |  | | | |
| 毕业时间 | | | | | | |  | | | | | | | |
| **现有资格信息** | | 首次取得卫生专业技术资格时间 | | | |  | | | | 现有卫生技术资格 | | | |  | | | | | 现有卫生技术资格取得时间 | | | | |  | | | | 现卫生技术资格是否在广东省考取 | | | |  |
| **工作情况** | 单位名称 | | | |  | | | | | | | | | | | | | | | 是否基层医疗卫生机构 | | | | |  | | | 从事本专业工作年限 | | | |  |
| 执业机构 | | | |  | | | | | | | | | | | | 执业类别 | | | | |  | | | 执业范围 | | |  | | | | |
| 首次注册  时间 | | | |  | | | | 住院医师规范化培训合证书编号 | | | | | |  | | | | | | | | | | | | 住院医师规范化培训合格证书取得年月 | | | |  | |
| **申报人员签名** | | | | | |  | | | | | | | | | | | | **审核人员签名** | | | | | | |  | | | | | | | |
| **审查意见** | | | | 所在工作单位人事部门审查意见 | | | | | | | | | 报名点确认意见 | | | | | | | | | | | | 考点审查意见 | | | | | | | |

**备注：**1.请务必与国家卫生健康委人才交流服务中心官网填报的信息保持一致。因信息填报与国家卫生健康委人才交流服务中心官网不一致造成的，后果考生自负。

2.教育信息：“学历”请从中等专科开始填起。

3.工作情况：多点执业的请填写主要执业机构。s