附件1： **参加考核医师名单汇总表**

单位名称

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| 单位名称 | 执业医师 | | | | | | | | 总计 | 助理医师 | | | | | | | | 总计 |
| 临床 | | | | | 中医 | 口腔 | 公卫 | 临床 | | | | | 中医 | 口腔 | 公卫 |
| 内科 | 外科 | 妇科 | 儿科 | 其他 | 内科 | 外科 | 妇科 | 儿科 | 其他 |
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注：该表由被考核机构向区卫生局医政科申报。