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| 附件7  2020年高级卫生健康专业技术职务任职资格评审花名册 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 序号 | 姓  名 | 性别 | 族别 | 出生年月 | 行政职务 | 何时毕业何院校 | 学历 | 所学专业 | 参加工作时间 | 专业年限 | 现专业技术职务名称及取得时间 | 现工作单位 | 拟评专业职务名称 | 一线工作时间 | 专业成绩 | MHK成绩 | 基层服务经历 | 进修经历 | 论文代表作 | 科研创新代表作 | 讲座或授课 | 带教经历 | 典型病案分析 | 业务总结 | 是否为乡镇社区 | 身份证号 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |