**附件1**

**卫生专业技术资格考试报名材料真实性保证书**

本人报名参加2018年度卫生专业技术资格考试，所提供的毕业证书或学位证书、资格证书、执业证书等报名材料真实可靠。如有任何不实，愿按卫生专业技术资格考试的有关规定接受处理。

**（本人郑重承诺：考试申报表上填写的信息已经核对，正确无误，如果因本人填表错误而造成的一切后果，责任自负。）**

申报人：

年 月 日

兹保证 同志确系本单位职工，所报材料审核属实。如有虚假，由本单位承担相应责任。

单 位（盖印）：

负责人（签名）：

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| **2018年度卫生专业技术资格考试报名汇总表（ 级）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 填报单位（盖章）： | | | 人数： | | | | | |  | | 填表人： | | | |  | |  | | 电话： | | | |  | | 填报日期： 年 月 日 | | | | | |
| **序号** | **工作单位** | | **姓名** | | **性别** | | **出生年月** | | **学历** | | **现有资格** | | **现有资格 取得时间** | | **报考专业** | | | | | | | | | | | | **备注** | | |
| **专业代码** | | | | | | **专业名称** | | | | | |  | | |
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| 注：此表要求电脑打印，每张填写20人。报考士级、师级、中级分别填写一张表，按同单位同专业的人员排列一起填写。  一式二份，一份报金华市医科所，一份留填报单位。邮箱：1768465967@qq.com | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2018年度卫生专业技术资格考试报名汇总表（ 级）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 填报单位（盖章）： | | | | 人数： | | | | | |  | | 填表人： | | | |  | |  | | 电话： | | | |  | | 填报日期： 年 月 日 | | | | | | | |
| **序号** | | **工作单位** | | **姓名** | | **性别** | | **出生年月** | | **学历** | | **现有资格** | | **现有资格 取得时间** | | **报考专业** | | | | | | | | | | | | **备注** | | | | |
| **专业代码** | | | | | | **专业名称** | | | | | |  | | | | |
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