**附件3**

**2016年临沂市传统医学确有专长考核考生报名汇总表**

县区（单位）：

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **年龄** | **学历** | **专业技术专长** | **从业年限** | **工作单位** | **身份证号** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |

填表说明：1．“技术专长”严格按照中医×科××病的格式填写，如中医内科心病、中医内科中风病、中医妇科月经病、中医骨科四肢骨折病、中医针灸推拿科颈肩腰椎病等，并且只允许填写一种科的一种疾病，不允许多报。

2、“从业年限”是指从事本技术专长的年限。