**安徽卫生健康职业学院2019年高职扩招报名资格审核表**

说明：未取得《安徽省基层卫生技术人员普通专科学历教育报名审批表》的考生请填写此表参加现场审核。

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| **基**  **本**  **情**  **况** | 姓名 | | |  | | | | | | | | | | 性别 | | | | | | | | | | | |  | | | | | | | | | |
| 身份证号 | | |  |  | |  | |  |  | |  | |  | | |  |  | |  | |  |  | | |  | |  | |  |  | |  | |  |
| 毕业学校（高中或中职学校） | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 毕业专业 | | |  | | | | | | | | | | 学习形式  （是否全日制） | | | | | | | | | | | |  | | | | | | | | | |
| **工作情况** | 工作单位 | | |  | | | | | | | | | | 现从事岗位 | | | | | | | | | | | |  | | | | | | | | | |
| **报**  **名**  **情**  **况** | 考生号 |  |  | | |  | |  | | |  | |  | | |  | | |  | |  | | |  | | |  | |  | | |  | |  | |
| 报考专业 |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |
| **资格证书类型(临床医学专业、护理专业必填)** | □乡村医生执业证书  □执业助理医师及以上证书  □执业护士资格证书 | | | | | | | | | | | | | 资格  证书  编号 | | | | | | | | | |  | | | | | | | | | | |
| **是否退役军人** | □是 □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人对以上信息和提供材料的准确性和真实性负完全责任。  考生签名：  电话: 手机： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核组意见：      审核人： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注意事项：1.认真填写此表，要求字迹工整（联系方式务必准确填写）；2.请将身份证、毕业证书、执业资格证书等复印件与此表一并提交审核。