附表 1

**医师资格考试试用期考核证明**

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|  | 取得学历 | |  |  |  | 有效身份证 | | | |  |  |  |  | 证 件 |  |  |  |  |
|  | 年 | 月 |  |  |  | 件号码 | | | |  |  |  |  | 有效期 |  |  |  |  |
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|  | 报考类别 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 试用机构 | |  | 地 | 址 |  | |  |  |  |  |  |  |  | 邮 | 编 |  |  |  |
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|  |  |  | 登记号 | |  |  |  |  |  |  |  |  |  | 法人姓名 |  |  |  |  |
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| 试用起止 | |  | （ |  | ）年（ ）月 至（ | | | | | |  |  | ）年（ ）月 | |  |  |  |  |
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|  |  |  | 岗位 ( 科室 ) | | | | 带教老师评价 | | | |  | 带 | 教 | 老 | 师 | | 带教老师签字 |  |
|  |  |  | 名 |  |  | 称 |  |  |  |  |  | 医 师 执 业 证 书 号 码 | | | | |  |
|  |  |  |  |  | 合 | 格 | 不合格 | |  |  |
|  |  |  |  |  |  |  |  |
| 主 要 试 用 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 岗位 ( 科室 ) | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | 我单位承诺：本表内容及所附材料真实、合法、有效。如有不实，我单位愿承担相应责 | | | | | | | | | | | | | | |  |
|  |  |  | 任及由此所造成的一切后果。 | | | | | | | |  |  |  |  |  |  |  |  |
|  |  |  | 合格 （ | | | | ） | 不合格（ | | |  |  | ） |  |  |  |  |  |
| 试 用 机 构 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 考 核 意 见 | | |  |  |  |  |  |  |  | 单位法人代表/法定代表人签字： | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | （单位公章） | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | 年 | 月 | | 日 |  |  |  |  |  |
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注： 1.带教老师对考生从岗位胜任力（如：基本技能、医患关系、医际关系及职业道德操守等方面）作综合评价是否合格，并在相应栏目划“√”。

2.**军队考生须提交团级以上卫生部门的审核证明。**

3.本表栏目空间不够填写，可另附页。