附表 1

**医师资格考试试用期考核证明**

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|  | 民 | 族 |  |  |  | 所学专业 |  |  |  |  | 医学学历 |  |  |  |  |
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|  | 取得学历 |  |  |  | 有效身份证 |  |  |  |  | 证 件 |  |  |  |  |
|  | 年 | 月 |  |  |  | 件号码 |  |  |  |  | 有效期 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 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 |  |  |  |  |
| 时 | 间 |  |  |  |  |  |  |  |  |
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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 |  |  |
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| 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。