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| 附件2 | |  | |  |  | | |  |  | |  |  | |  | | |  |
| 2019年乡村医生执业再注册人员情况汇总表 | | | | | | | | | | | | | | | | | |
| 市卫生健康局（盖章）： | | | | | | |  |  | |  |  | |  | |  |  | |
| 县（市、区） | | | 乡镇名称 | | | 姓名 | 性别 | 出生年月 | | 身份证号码 | 换发的乡村医生执业证书号码 | | 执业地点 | | | 乡村医生  联系方式 | |
| 执业的村卫生 站名称① | | 执业的其他村级医疗机构名称② |
|  | | |  | | |  |  | 1900-01-01 | |  |  | | XX县X镇XX村卫生站 | |  |  | |
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| 备注：1.执业地点①指纳入镇村卫生服务一体化管理，领取财政补贴并承担基本医疗和基本公共卫生服务的村卫生站。 | | | | | | | | | | | | | | | | | |
| 2.执业地点②指1行政村1村卫生站以外，不领取财政补贴，不承担基本医疗和基本公共卫生服务，视为个体诊所管理的其他村级医疗机构。 | | | | | | | | | | | | | | | | | |
| 3.执业地点①和②只能填一项，不能两项都填。 | | | | | | | | | | | | | | | | | |
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| 县小计 |  | | | 市合计 | | |  |  | |  |  | |  | |  |  | |
| 填报人： |  | | | 联系电话： | | |  |  | | 审核人: |  | | 填报时间： | |  |  | |