附件6：

**村卫生室执业的执业（助理）医师人员汇总表**

填报单位（盖章）：

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| 乡镇名称 | 行政村名称 | 姓名 | 性别 | 出生年月 | 身份证号码 | 执业（助理）证书号码 | 注册村级卫生机构名称 | 联系方式 | 注明执业医师或执业助理医师 |
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填报人： 联系手机： 审核人： 填报时间：