附件1

中医医术确有专长现场考核准考证发放统计表

发放县（区）： 发放人： 联系电话：

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| --- | --- | --- | --- | --- | --- |
| 考生姓名 | 准考证号 | 发放时间 | 领取人签字 | 领取人电话 | 备注 |
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