**附件2**

2025年医师资格考试实践技能考试考官推荐表

**单位： （盖章）**

**联系人： 联系人电话：**

**第一期考官（6月14—18日）**

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| **序号** | **姓 名** | **性别** | **证件号码** | **手机号** | **职称** | **取得现职称年限** | **专业方向** | **是否有执考经历** |
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**第二期考官（6月19—24日）**

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| **序号** | **姓 名** | **性别** | **证件号码** | **手机号** | **职称** | **取得现职称年限** | **专业方向** | **是否有执考经历** |
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