附件3

兰溪市“优秀护士”推荐人选情况汇总表

推荐单位（盖章） ： 填表人签名： 年 月 日

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| **序号** | **姓名** | **性别** | **工作单位** | **出生**  **年月** | **职务** | **职称** | **聘任**  **时间** | **护理**  **工作**  **年限** | **曾获荣誉** | **学术团体任职情况** | **科研**  **成果** | **在省级以上医学刊物发表论文数** |
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注：填报时间：曾获荣誉、学术团体任职情况、发表论文情况、科研成果填报时限为近三年