附件2

高校教师资格认定组织工作安排表

二级单位名称： （填报单位盖章）

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| **体检指定医院信息** | | | | | | | | |
| **医院名称** | | **医院等级** | | **医院所在地** | | **体检部门**  **负责人** | **体检部门**  **负责人联系电话** | |
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| **教育教学基本素质和能力测试安排情况** | | | | | | | | |
| **测试对象分组** | **测试具体时间** | | **测试地点** | | **评议组组长** | | | **评议组组长联系电话** |
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高等医学院校附属医院基本情况汇总表

（高等医学院校填写）

二级单位名称： （填报单位盖章）

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| **附属医院全称** | **医院等级** | **所在地** | **成为附院时间** | **隶属关系（是否直属）** |
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