**附件1**

**2025年新疆公共卫生医师规范化培训学员推荐表**

地(州、市)卫生健康委(疾控局)(盖章):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 身份证号码 | 专业(以毕业证为准) | 毕业院校 | 联系电话 | 推荐单位 | 所在县 (市) |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
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注：“推荐单位”请填写推荐学员原单