附件2

专业技术人员能力业绩情况登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | | |  | | | 从事专业 | | |  | | | | | | | 申报资格名称 | | | | | | | | | |  | | | | | | | | |
| 近五年参加本专业工作时间（周） | | | | | | | | |  | |  | | | | | |  | | | | | | | |  | | | | |  | | | | |
| 工作量 | 临床医学（中医学）专业 | | | 近五年本单位规定的系统诊断、治疗病人例数/实际完成数 | | | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | |  | |
| 近五年疑难、危重病例或大中型手术数 | | | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | |  | |
| 近五年初诊、确诊符合率 | | | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | |  | |
| 近五年治愈率或有效率 | | | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | |  | |
| 公共卫生专业 | | | 任现职以来参加的专题项目或工作 | | | 项目或工作内容 | | | | | | | | | | | | 实施范围 | | | | | | | 完成情况 | | | | | 担任角色 | | | |
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| 任现职以来完成书面专题工作总结报告情况 | | | 总结报告题目 | | | | | | | | | | | | | | | | | | | 完成年份 | | | | | 排名 | | | |
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| 药学专业 | | | 近五年为临床服务时间（周） | | | |  | |  | |  | | |  | | |  | | | | 近五年完成临床用药指导意见数 | | | | | | | | | | | |  |
| 近五年提供合理用药咨询、进行药物干预等工作记录次数 | | | | | | | | | | |  | | | | | |  | | |  | | | | |  | | | | |  |
| 护理专业 | | | 近五年组织（指导）制定复杂危重病人护理计划并实施次数 | | | | | | | | | | |  | | | | | |  | | |  | | | | |  | | | | |  |
| 近五年主持疑难（复杂）护理病例讨论及护理查访次数 | | | | | | | | | | |  | | | | | |  | | |  | | | | |  | | | | |  |
| 医技专业 | | | 近五年本单位规定的准确判断、检出病例或完成检验标本例（件）数/实际完成数 | | | | | | | | | | |  | | | | | |  | | |  | | | | |  | | | | |  |
| 近五年疑难、危重病例或复杂检验项目数 | | | | | | | | | | |  | | | | | |  | | |  | | | | |  | | | | |  |
| 近五年参与或指导技术操作人次 | | | | | | | | | | |  | | | | | |  | | |  | | | | |  | | | | |  |
| （主持或推广）应用开展新技术、新业务情况 | | | | | 新技术、新业务内容 | | | | | | | | | | | | | | | | | | | 应用范围 | | | | | | | | 成效 | | |
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| 教学能力 | | 近五年为下级医（药、护、技）师进行专业培训学时数 | | | | | | | |  | | | | 近五年带教主治（主管）医（药、护、技）师数 | | | | | | | | | | | | | | | | | |  | | |
| 近五年带教医（药、护、技）师数 | | | | | | | |  | | | | 近五年协助培养（指导）研究生数 | | | | | | | | | | | | | | | | | |  | | |
| 科研能力 | | 主持或参与课题的名称或内容 | | | | | | | | | | | | 项目级别 | | | | | | 完成情况 | | | | | | | 本人排名 | | | | | 获奖情况 | | |
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| 单位人事部门  签章 | | | | | 审核人： 公章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

附件3

事业单位职称申报推荐数量统计表

年 月 日

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| **项 目**  **申报单位** | **高级** | | | | | | | | | | | | | | |
| **总数** | | | | | **正高级** | | | | | **副高级** | | | | |
| **岗位设置数** | **现有资格人数** | | | **年内退出人数** | **岗位设置数** | **现有资格人数** | **已聘人数** | **申报人员姓名** | **备注** | **岗位设置数** | **现有资格人数** | **已聘人数** | **申报人员姓名** | **备注** |
| **总数** | **已聘人数** | **待聘 人数** |
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申报单位盖章： 主管部门盖章：

说明：1.此表由申报人所在单位填写，应填写本单位本年度所有申报人员信息；2.年内退出人数：本单位已取得高级职称的专业技术人员因退休、调出等原因的减员人数，退出截止日期为2024年12月31日；3.退出人数应另附相关证明材料，包括退出人员姓名、取得职称资格、退出原因等；4.超岗位职数申报人员应另附推荐报告，详细说明推荐申报原因；5.市（县、区）申报单位统计表必须加盖当地人社部门印章。