附件3

医师定期考核机构指派情况表

|  |  |
| --- | --- |
| 市（区）、县级卫生健康行政部门 |  |
| 考核机构名称 | 考核类别 | 所负责考核的医师所在机构名单 |
|  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |