附件1

职业健康检查机构专业技术人员培训班报名汇总表

单位（盖章）： 联系人： 联系电话： 日期： 年 月 日

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| **序号** | **姓名** | **性别** | **身份证号码** | **培训类别** | **职称** | **专业** | **手机号码** | **原证书编号** | **原发证单位** | **备注** |
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注：1. 本表由参加培训单位统一填报，其中新申请人不需填写“原证书编号”和“原发证单位”项；2. “培训类别”：新申请、续证、换证；3.“职称”和“专业”应与相关技术职称资格证一致。