附件6

附属医院教师资格认定组织工作安排表

单位代码： 高校名称： （填报单位盖章）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | |
|  | |  | |  | |  |  | |
|  | |  | |  | |  |  | |
| **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** |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |

】