附件4

福建省第二批基层老中医药专家师承带徒工作平时考核表

带教单位： 指导老师： 继承人：

起止时间：　年　月　日至　年　月　日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  | | --- | --- | --- | --- | | 跟师日期 | 病房/门诊 | 跟师日期 | 病房/门诊 | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   本月跟师天数： 天；导师签名： ；门诊部负责人（科室主任）签字：     |  |  |  |  | | --- | --- | --- | --- | | 独立临床日期 | 病房/门诊 | 独立临床日期 | 病房/门诊 | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   本月独立临床实践天数： 天 科室主任签字：     |  | | --- | | 带教单位考核意见：    负责人(盖章)：  年 月 日 | |

注：１、该表由继承人如实填写，每月由带教单位考核存档；

２、“跟师日期”和“独立临床日期”均要求填写具体日期，须注明上午或是下午。