# **卫生健康行业职业技能鉴定（健康管理师）**

# 个人申请表

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| 基本情况 | 姓 名 | | |  | | | 性 别 | | |  | | | | （4吋照片） | |
| 本人身份 | | |  | | | 出生日期 | | |  | | | |
| 证件类型 | | |  | | | 证件号码 | | |  | | | |
| 手机号码 | | |  | | | 是否有  医学背景 | | |  | | | |
| 教育情况 | 文化程度 | | |  | 毕业年月 | | |  | 毕业专业 | | |  | |
| 毕业院校 | | |  | | | | | | | | | | | |
| 报考情况 | 报考职业 | | |  | | | | | | | | | | | |
| 报考级别 | | |  | | | | | | | | | | | |
| 工作情况 | 工作单位 | | |  | | | | | | | 工作年限 | |  | | |
| 从事职业 | | |  | | | | | | | 单位地址 | |  | | |
| 工作经历 | | 起止时间 | | | 单位名称 | | | | | | | 职务 | | 证明人 |
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| 经本人确定以上信息填写准确无误、真实可靠。  考生签名（手写）： | | | | | | | | | | | | | | | |
| 审  核  意  见 | | 鉴定考点审核意见 | | | | | | | | 考区审核意见 | | | | | |

注：工作经历主要填写从事本职业或相关职业