附件4

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| **执业药师归档材料汇总表** | | | | | | | | | |
| 药店名称： | | | | | | |  |  |  |
| 序号 | 姓名 | 性别 | 年龄 | 人员类别 | 参保单位/退休单位 | 身份证号 | 本单位注册时间 | 注册地点 | 专业技术职称 |
| 1 |  |  |  | 在职/退休 |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
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|  | 申报单位（章）： | | | |  |  |  |  |  |

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| **药店营业人员归档材料汇总表** | | | | | | | | | |
| 药店名称： | | | | |  |  |  |  |  |
| 序号 | 姓名 | 性别 | 年龄 | 人员类别 | 参保单位/退休单位 | 身份证号 | 毕业院校 | 学历及相关专业 | 从业资格证编码 |
| 1 |  |  |  | 在职/退休 |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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申报单位（章）：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **管理人员归档材料汇总表** | | | | | | | | |
| 药店名称： | | | |  |  |  |  |  |
| 序号 | 姓名 | 性别 | 年龄 | 人员类别 | 参保单位/退休单位 | 身份证号 | 工作地点 | 分管工作  （并注明专职、兼职） |
| 1 |  |  |  | 在职/退休 |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | 申报单位（章）： | | | |  |  |  |  |

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| **药店规章制度汇总表** | | | |
| 药店名称： | | |  |
| 序号 | 规章制度名称 | 管理负责人 | 管理项目及相关内容 |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
|  | 申报单位（章）： | |  |