附件

兵团长期照护师职业技能等级认定机构

基础信息表

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| 一、基本信息 | | | | | | | | | | | | | | | | | | | | | | |
| 名 称 | | | |  | | | | | | | | | | | | | | | | | | |
| 地 址 | | | |  | | | | | | | | | | | | | | | | | | |
| 注册登记  机 构 | | | |  | | | | | | | | | | 机构性质 | | | | 用人单位□  社会培训评价组织□ | | | | |
| 统一社会  信用代码 | | | |  | | | | | | | | | | | | | | | | | | |
| 法定代表人 | | | |  | | | | | | 注册资金 | | | |  | | | | | | | | |
| 联 系 人 | | | |  | | | | | | 职 务 | | | |  | | | | | | | | |
| 联系电话 | | | |  | | | | | | 电子邮箱 | | | |  | | | | | | | | |
| 二、拟开展职业技能等级评价的职业（工种）情况 | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 职业（工种）名称 | | | | | 职业编码 | | | | 职业标准 | | | | | 试题来源 | | | | | 评价等级 | |
| 1 | |  | | | | |  | | | | 国家标准 | | | | | 国家题库 | | | | |  | |
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| 三、制度建设情况（材料另附） | | | | | | | | | | | | | | | | | | | | | | |
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| 四、场地设备等情况 | | | | | | | | | | | | | | | | | | | | | | |
| （一）场地情况（权属证明材料另附） | | | | | | | | | | | | | | | | | | | | | | |
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| （二）设施设备情况（权属证明材料另附） | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | | | 名称 | | | 品牌 | | | 规格/型号 | | | | 数量 | | 所有权归属 | | | | | | |
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| …… | | | |  | | |  | | |  | | | |  | |  | | | | | | |
| （三）计算机考务管理及视频监控设备配置情况 | | | | | | | | | | | | | | | | | | | | | | |
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| 五、人员情况（注：非本单位人员，请提供本人签署的提供评价服务承诺书或本人与培训评价单位签署的合作协议复印件） | | | | | | | | | | | | | | | | | | | | | | |
| （一）专职工作人员情况 | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 姓名 | | | | 身份证号 | | | 职务/职称 | | | | | 学历 | | 主要工作职责 | | | | | | |
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| （二）专家情况 | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 姓名 | | | | 身份证号 | | | 所在单位 | | | | 职称/技能等级 | | | | | 学历 | | | 专业/职业方向 | |
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| （三）考评人员情况 | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 姓名 | | | | 身份证号 | | | 所在单位 | | | | 职称/技能等级 | | | | | 学历 | | 考评职业  领域 | | |
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| （四）督导员情况 | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 姓名 | | | | 身份证号 | | | 所在单位 | | | | 职称/技能等级 | | | | | 学历 | | 专业/职业方向 | | |
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| 六、诚信承诺 | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺申报材料真实有效，如有虚假，自愿退出申报。  法定代表人（签字）：  单位名称（公章）： | | | | | | | | | | | | | | | | | | | | | | |

**注：请申请单位在单位名称处加盖本单位公章；本表可增行或续页。**