附件2

零售药店人员花名册

零售药店名称（盖章）：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 身份证号 | 执业药师资格证编号 | 药学技术人员资格 | 注册在本机构执业时间 | 是否是医保专（兼）职管理人员 | 联系电话 |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
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| **...** |  |  |  |  |  |  |  |  |