附件：2

网上申报流水号：

**深圳市药品行业从业人员岗位证变更申请表**

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|  |

以下内容由申请人（网上）填报

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | | | 原岗位证编号 | | | | | | | | |  | | | | | 出生年月 | | | | | |  | | | | 照  片  （贴3.3cm×4.8cm  红底免冠近照一张） | | | |
| 职称 | |  | | | | | | 学历 | | | | | | | | |  | | | | | 所学专业 | | | | | |  | | | |
| 毕业学校 | |  | | | | | | | | | | | | | | | | | | | | 毕业时间 | | | | | |  | | | |
| 身份证号 | |  |  |  |  |  |  | |  |  |  |  |  | |  |  | |  |  |  |  | |  | 户口所在地 | | | | | |  | | | | | |
| 原项目 | 执业类别 | 药 学 □  中药学 □  其 他 □ | | | | | | 岗位  类别 | | | | | |  | | | | | | | | 执业  资格 | | | | | 执业药师 □  药师资格 □ | | | | | 资格  证号 | | |  |
| GSP  岗位证 | | | | | 质量管理员□  验收员 □  养护员 □保管员 □ | | | | | 岗位证号 | | |  |
| 执业单位 |  | | | | | | | | | | | | | | | | | | | | 单位性质 | | | | | | | 个体药店 □  连锁药店 □  批发企业 □ | | | | | | |
| 变更项目 | 执业类别 | 药学 □  中药学 □  其他 □ | | | | | | 岗位  类别 | | | | | |  | | | | | | | | 执业  资格 | | | | 执业药师 □  药师资格 □ | | | | | | 资格  证号 | | |  |
| GSP  岗位证 | | | | 质量管理员□  验收员 □  养护员 □ 保管员 □ | | | | | | 岗位证号 | | |  |
| 执业单位 |  | | | | | | | | | | | | | | | | | | 经营许可证编号 | | | | |  | | | | 单位性质 | | | | 个体药店 □  连锁药店 □  批发企业 □ | | |
| 门店地址 |  | | | | | | | | | | | | | | | | | | 固定电话 | | | | |  | | | | | | 移动电话 | | |  | |
| 申请人签章 | | 本申请表所填内容正确无误，所提交的申请材料和照片真实有效。如有虚假愿承担相关责任。  同意□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 声 明 | | 凡提供虚假证件，以欺骗、贿赂等不正当手段取得岗位证的，一经发现，注销《岗位证》并列入黑名单。构成犯罪的，移交有关部门，依法追究其刑事责任。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |