附件1

枣庄市长期护理保险失能评估人员及评定专家

申请表

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** | |  | **年龄** | |  |  |
| **身份证号** |  | | | | | | |
| **学历** |  | | **职称** | | |  | |
| **工作单位** |  | | | | | | |
| **联系电话** |  | | | | | | | |
| **申请类别** | **□评估人员 □评定专家** | | | | | | | |
| **工作经历** |  | | | | | | | |
| **医疗保险经办机构意见** | **（盖章）**  **年 月 日** | | | | | | | |