附件1

职业技能等级认定机构基本情况表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 一、基本信息 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位名称 | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 地 址 | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 注册登记  机构 | | | | | |  | | | | | | | | | | | | | 机构  性质 | |  | | | | | |
| 统一社会  信用代码 | | | | | |  | | | | | | | | | | | | | 注册资金 | | |  | | | | |
| 法定代表人 | | | | | |  | | | | | | | | | | 人力资源社会  保障部门评价  机构备案号 | | |  | | | | | | | |
| 联 系 人 | | | | | |  | | | | | | | | | | 职 务 | | |  | | | | | | | |
| 联系电话 | | | | | |  | | | | | | | | | | 电子邮箱 | | |  | | | | | | | |
| 二、机构总体情况 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 三、人员情况（凡非本机构人员，应提供其与本机构签署的聘用协议复印件；技术技能水平证明复印件另附） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （一）专职工作人员情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 姓名 | | | | | | | 身份证号 | | | | | | 职称/职务 | | | 学历 | | 主要工作  职责 | | | | 是否本  单位人员 | | | |
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| （二）专家情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 姓名 | | | | | | | 身份证号 | | | | | | | 职称/职务 | | | 学历 | | 专业方向 | | | | 是否本  单位人员 | | | |
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| （三）考评人员情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | | 姓名 | | | | | | | 身份证号 | | | | 考评员  证书号 | | | | 考评职业 | | 工作单位 | | | | | | 联系电话 |
| 1 | | |  | | | | | | |  | | | |  | | | |  | |  | | | | | |  |
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| （四）内部督导人员情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | | | 姓名 | | | | | | | 身份证号 | | | 职称/职务/技能等级 | | | | | | 学历 | | | | | 是否本  单位职工 | | |
| 1 | | | |  | | | | | | |  | | |  | | | | | |  | | | | |  | | |
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| 四、制度建设、组织优势、专业优势（含参与职业培训教材编写、职业技能鉴定试题开发）等情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 制度建设 | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 组织优势 | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 专业优势 | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 五、场地、设施设备（含视频监控设备）等情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （一）场地情况（权属证明材料另附） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作场所的地点、面积、数量 | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 培训教室场所的地点、面积、数量 | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 理论知识考场的地点、面积、数量、 | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 操作技能考核场所地点、面积、数量、 | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| （二）设施设备情况（权属证明材料另附） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 名称 | | | | | 规格/型号 | | | | | | 数量 | | | | 权属 | | | 品牌 | | | 设备所在地 | | | | |
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| .... | |  | | | | |  | | | | | |  | | | |  | | |  | | |  | | | | |
| （三）信息系统及视频监控设备配置情况（详细清单另附） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| （四）其他在医疗保障领域和技能人才培训评价领域能力辅证材料（证明材料另附） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 六、诚信承诺 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本单位承诺：  1．申报材料真实有效，如有虚假记载、误导性陈述或重大遗漏，愿承担相应法律责任和由此产生的一切后果，并自愿退出申请。  2．在技能人才评价工作中,自觉遵守国家法律法规，执行技能人才评价相关规定，加强机构建设，配齐配强人员，建立健全制度，配备相应设备设施，严格考生资格审查，按要求组织实施职业技能等级评价，保证评价工作公平公正，不断提升评价质量和公信力。  3．自愿接受医疗保障人事务部门和人力资源社会保障部门监管及公众监督。  法定代表人（签字）：  单位名称（公章）：  申报日期： | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：申报单位在单位名称处加盖本单位公章；本表可增行或续页。