附件2：

（ ）市/区汇总表

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| **序号** | **姓名** | **学校全称** | **申请表**  **（打勾）** | **教案、个案、论文纸质稿（打勾）** | **教案、个案、论文电子稿（打勾）** | **是否持有过资格证（持有过请注明原编号）** |
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**注：请认真核对，确保材料齐全，检查无误后在相应上交材料类别下打勾；同时确保目前持证的心理健康教育教师不要重复申请认证（持证后被取消资格者可以重新申请认证，请在最后一列中注明原编号）。**