附件2：

**聊城市中医医院中医住院医师规范化培训委培学员信息表（2020年）**

送培单位（盖章）： 职能部门： 职能部门负责人：

填报人： 联系电话：

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| 序号 | 志愿专业 | 姓 名 | 性别 | 身份证号码 | 毕业院校 | 学历 | 毕业专业 | 研究生（专业学位/科学学位） | 毕业时间 | 是/否有医师资格证 | 移动电话 |
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（此表需同时发送电子版至邮箱lcszyyywk@163.com）