四川省人民医院

中医住院医师规范化培训委培计划表

（2017年度）

**送培单位（加盖医院公章）:**

**单位级别：**

**职能部门名称:**

**职能部门负责人：**

**填报人：**

**联系电话：**

**单位邮件地址：**

**成都中医药大学附属医院继续教育部制**

中医住院医师规范化培训委培学员信息表

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| **序号** | **专业基地** | **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** | | **英语水平** | **是/否有医师资格证** | **移动电话** |
| **年** | **月** |
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**（此表需同时上报Excel格式的电子版）**