附件5-2

湖南省2016、2017届中医类临床医学专业学位硕士研究生

参加中医住院医师规范化培训统计表

 培训基地（盖章）

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 出生年月 | 毕业学校 | 最高学历 | 专业学位证书号码 | 学员身份 | 工作单位（单位人填写） | 培训专业 | 补培训时间（月） | 联系电话 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
| …… |  |  |  |  |  |  |  |  |  |  |  |

注：填报此表时，先填写单位人信息，再填写社会人信息。