**附件3：**

2018年荆州市中医医院中医类别助理全科医生培训

学员报名审核汇总表

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| **姓 名** | **性别** | **年龄**(岁) | **身份证号码** | **毕业院校** | **学 历** | **专 业** | **毕业****时间**(年、月) | **是/否****委 培** | **派出单位** | **是/否有助理****医师****资格证** |
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填表人： 联系电话： 填报时间： 年 月 日