**附件2：**

2018年荆州市中医医院中医住院医师规范化培训

学员注册登记表

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| **专业类别** | **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** | **委培单位** | **是/否有医师****资格证** | **培训****时间**（年） |
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 填表人： 联系电话： 填报时间： 年 月 日