**河南中医药大学第三附属医院**

**2023年非中医类别医师学习中医培训申请汇总表**

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| **序****号** | **姓 名** | **性别** | **年龄** | **身份证号** | **从事专业** | **医师类别** （执业医师或助理医师） | **医师资格证号** | **联系电话** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
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| 9 |  |  |  |  |  |  |  |  |