附件3

浙江省中医医师规范化培训结业考核报名汇总表

单位（盖章）：

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 考生姓名 | 报考科目（勾选√） | | | 性别 | 证件号码 | 是否为初次报考 | 培训基地 | 报考地区 |
| 结业理论 | 辅助检查判读 | 临床技能 |
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| 填报人： 联系方式： 填报时间： | | | | | | | | | |