附件

2022年浙江省中医全科医生转岗培训报名汇总表

地 区: 培养总数： 人 填报人： 联系电话：

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| 序号 | 姓 名 | 性别 | 工作单位 | 手机号码 | 身份证号 | 毕业年份 | 职称 | 是否已参加住院医师规范化培训,若“是”则填写相应学科 | 是否取得西医类别全科培训证书 | 临床培训单位 |
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