附表3：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **单位（盖章）： 联系人： 联系方式：** | | | | | | | | | | |
| **序号** | **姓 名** | **性别** | **出生年月** | **工作单位** | **从事专业** | **职 称** | **学 历** | **执业医师证编号** | **身份证号** | **联系方式** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |

西医学习中医在职培训班学员汇总表