**中医住院医师规范化培训学员信息表（社会人）**

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| **序号** | **专业基地** | **姓 名** | **性别** | **身份证号码** | **毕业院校** | **学历** | **毕业专业** | **研究生****（专业学位/科学学位）** | **毕业时间** | **英语水平** | **是/否有医师资格证** | **移动电话** |
| **年** | **月** |  |  |  |
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