附件3

2022年第五批全国中医临床优秀人才研修项目

研修学员候选人基本情况表

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| **序**  **号** | **姓名** | **性别** | **出生**  **年月** | **单 位** | **从事专业及方向** | **职称** | **联系电话** |
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省级中医药主管部门（盖章）