附件5

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| **2024年传统医学师承出师考核报名人员信息汇总表** | | | | | | | | | | | |
| 地级以上市卫生健康局（委）（盖章）： 填报日期： 年 月 日 | | | | | | | | | | | |
| **序号** | **地区** | **姓名** | **性别** | **出生日期** | **身份证号码** | **联系电话** | **专业** | **指导老师** | | | |
| **姓名** | **单位** | **职称** | **专业** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
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