附件2

2017年住培学员报名汇总表

单位（盖章）：

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| 序号 | 姓名 | 学历 | 学位类型 | 毕业专业 | 毕业年月 | 学员身份 | 工作单位 | 执业医师资格证书 | 培训志愿 | 手机号码 | 备注 |
| 若有，填写取得时间 | 无 |
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注：学位类型分为专业型和科学型。学员身份分为本单位学员、委培学员、社会学员三类。培训志愿只需填写第一志愿。