**附件**

**2022年住培临床实践能力线上强化培训班报名回执表**

**培训基地（医院）名称： 邮箱：**

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| **序号** | **姓名** | **专业** | **身份证号** | **手机电话** |
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**注：专业是指内科、外科、妇产科、全科、急诊、神内、检验、放射、超声、麻醉、药学。**