附件2：

**非中医类别医师中成药应用培训班参加培训人员基本情况汇总表**

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| 序号 | 县市区 | 单位 | 姓名 | 性别 | 出生年月 | 执业类别 | 身份证号码 | 联系电话 | 备注 |
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填表人： 日期：