附表

××单位继续医学教育人员自管自学学分统计表

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| --- | --- | --- | --- | --- | --- |
| 序号 | IC卡号 | 姓名 | 自管学分总计 | 自学学分总计 | 合计 |
| 1 | 111XXXX | XXX | 5 | 5 | 10 |
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填表人： 联系电话：

填报时间:

注：加盖单位公章、标注制表时间