附件3

**2019年山西省中医住院医师规范化培训学员拟录取学员登记表**

**培训基地（医院）： （公章） 合计人数： 人 核定招生人数： 人**

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| **序号** | **专业基地（科室）名称** | **姓 名** | **性别** | **身份证号码** | **毕业院校** | **学历** | **专业** | **毕业时间（年、月）** | **委培单位** | **委培单位所在市** | **是/否有医师资格证** | **是/否减免培训年限** | **最终确定培训时间（年）** |
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基地填表人： 电话： 基地负责人： 电话： 填报时间： 年 月 日

注：此表需同时上报Excel格式的电子版