附件 2：

安庆市第一人民医院住院医师规范化培训临床带教师资报名汇总表

科室名称：

科室负责人：

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| 序号 | 姓名 | 性别 | 年龄 | 职 称 | 带教年限 | 联系电话 |
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填表人：

联系电话：