附件3

**漯河市郾城区中医院**

**2022年度非中医类别医师学习中医培训申请汇总表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序****号** | **姓 名** | **手机号码** | **性别** | **毕业专业** | **培训类型** | **工作单位** | **执业资格证号** |
| 1 |  |  |  |  | 一年/二年 |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |