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| 附件4 | | | | | | | | | |  |
| 传统医学师承和确有专长考核汇总表 | | | | | | | | | |  |
| 市州（盖章）: 填报人： 联系电话： 年 月 日 | | | | | | | | | | |
| 序号 | 县区 | 姓名 | 性别 | 出生年月 | 身份证号 | 技术专长 | 工作单位 | 临床实际本领成绩 | 传统医学师承/确有专长考核 | |
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