**临床思维教学能力提升专项训练营和教学门诊专项培训班**

**报名表**

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| **所在单位** | |  | | | **联系人** |  | **联系人电话** |  |
| 序号 | 姓名 | 性别 | 所在科室 | 职称/职务 | 所学专业 | | 手机号码 | 培训内容 **（临床思维教学能力提升专项训练营/教学门诊专项培训班）** |
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| 备 注 | |  | | | | | | |