附件2

四川省临床技能名师推荐人选一览表

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| 推荐单位（部门）（签章）： | | | | | | 联系人： | | | 联系电话： | |
| 序号 | 姓名 | 性别 | 出生年月 | 工作单位 | 专业领域 | 现任专业技术职务 | 学历 | 学位 | 现任党政职务 | 水平、效益、贡献摘要（限填400字以内） |
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