附件2

四川省首届临床技能名师推荐一览表

推荐单位： （盖章）

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| **序号** | **姓名** | **性别** | **工作单位** | **从事专业** | **专业技术****职 称** | **学历** | **学位** | **能力水平和业绩贡献****（限填400字以内）** |
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联系人： 联系电话：