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）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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）** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

联系人： 联系电话：