附件4

陕西省2025年度住院医师规范化培训和助理全科医生培训录取人员汇总表

**培训基地名称：** **填表人：** **联系电话：**

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| **序号** | **姓名** | **性别** | **身份证号码** | **录取基地** | **录取专业** | **学历** | **学位** | **学位类型** | **人员类型** | **培训期限** | **是否通过执业医** **师资格考试** | **手机号码** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
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| 9 |  |  |  |  |  |  |  |  |  |  |  |  |
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