|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 学员姓名 | 身份证号 | 医师类别（执业或助理） | 执业类别（临床或口腔） | 医师执业证书编号 | 医师执业  单位 | 所在科室 | 联系方式 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

附件三

2025年度河南省非中医类别医师培训招录学员信息汇总表