附件2：

江苏省中医护理专业化护士培训学员报名汇总表

 医院

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **报名年份** | 姓名 | 年龄 | 职称/职务 | 所在科室 | 联系电话 | 电子邮箱 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |