附件2

2017年传统医学确有专长人员考试情况汇总表

考点（盖章）： 联系人： 联系电话： 填表日期：

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| **序号** | **姓 名** | **身份证号** | **中医理论考试成绩** | | **实践技能考试成绩** | | **有无缺考**  **情况** | **有无违纪**  **情 况** | **是否合格** |
| **中医基础** | **临床专业** | **基本操作** | **临床答辩** |
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