附件

传统医学确有专长人员考核合格人员备案汇总表

发证机关（公章）：

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| 序号 | 姓 名 | 性别 | 身份证号 | 医术专长 | 医术实践机构 | 笔试成绩 | 技能成绩 | 证书编号 | 发证日期 |
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