附件3

2025年“西学中”两年制学员汇总表

基地名称：广西中医药大学第一附属医院

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 身份证号码 | 手机号码 | 执业范围 | 主执业地点 | 医师资格证书编码 | 医师执业证书编码 | 个人邮箱 | 培训形式（三选一） |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |