附件 2

参加放射工作人员培训班人员汇总表

单位名称（盖公章）： 日期：

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| --- | --- | --- | --- | --- | --- |
| 联系人： | |  |  | 联系电话： | |
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| 序号 | 姓名 | 职称 | 医疗/牙科 |  | 复训 |
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