附件11

开展“健康讲座”、“本专业专题讲座”情况汇总表

（基层卫生专业）

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| 姓 名 | |  | 性 别 |  | 出生年月 | |  | 申报级别 |  |
| 工作单位 | | |  | | | | | 申报专业 |  |
| 健康讲座情况 | | | | | | | | | |
| 讲座题目 | | | | | | 讲座地点 | | | |
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| 本专业专题讲座情况 | | | | | | | | | |
| 讲座题目 | | | | | | 讲座地点 | | | |
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| 单  位  意  见 | 单位盖章  年 月 日 | | | | | | | | |