**附件 2**

**河南省肿瘤医院** **2025** **年河南省信息专科护士培训班学员信息统计表**

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| **姓名** | **性别** | **年龄** | **身份证号** | **单位名称** | **科室** | **工作** **年限** | **最高** **学历** | **职称** | **职务** | **手机号** | **邮箱** | **微信号** |
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