附件2

福建中医药大学国医堂门诊部在职学习计划科室汇总表

科室： 填表时间： 年 月 日

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **职称** | **来院时间** | **拟学习类型** | **拟前往学习单位** | **拟学习时间** | **经费预算**  **（元）** | **经费来源** | **备注** |
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| 所在科室意见： | | | | | | | | | |
| 主管科室意见： | | | | | | | | | |