附件2

国家级中医药继续教育项目评审专家推荐汇总表

省级中医药主管部门（盖章）

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **民族** | **出生**  **年月** | **从事专业领域或研究方向** | **单位** | **职称** | **手机号码** | **电子邮箱** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |