附件2

2020年国际儿童青少年精神障碍诊疗标准新进展继续教育报名表

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| **姓 名** | **性别** | **年龄** | **单 位** | **科 室** | **学历** | **职 务** | **职称** | **从事儿童精神医学年限** | **手机号码** | **微信号** |
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