附件2

**南京中医药大学2021年度附属医院青年教师临床教学竞赛参赛教师汇总表**

附属医院（盖章）： 联系人： 电话：

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **出生年月** | **职称** | **课程名称** | **参赛组别** | **手机号** | **院级预赛排名** | **是否推荐参加校级决赛** |
| **中医组** | **西医组** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |