附件

第十二期心理康复师资培训班学员回执表

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| 序号 | 姓名 | 性别 | 年龄 | 身份证号码 | 学历 | 从事工作 | 联系电话 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
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| 9 |  |  |  |  |  |  |  |