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附件2

**委托培训函**

西南医科大学附属口腔医院：

\*\*\*\*\*医院为\*\*级\*\*等综合型/专科型医院，医院性质为\*\*\*。为提高临床医师能力，经医院讨论决定特委派\*\*（性别：\*\*，职称：\*\*，身份证号：\*\*\*）到贵院参加专科医师规范化培训。我院已知晓贵院本年度专科医师规范化培训招收简章内容，承诺按招收简章要求严格履行委培单位相关责任。

单位人事部门联系人：

职务：

联系电话：

单位名称（盖章）

 年月日