附件2：

**优玛金陵伤口护理学校学员信息汇总表**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **年龄** | **单 位** | **目前所在科室** | **职称** | **职务** | **电话** | **邮箱** | **单位地址** | **邮编** |
|  |  |  |  |  |  |  |  |  |  |