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| 附件3：  2024年海南省中小学心理健康教育教师任职资格培训项目  三亚市参训学员信息表 | | | | | | | | |
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| **序号** | **姓名** | **性别** | **单位** | **职务** | **手机** | **学分账号** | **身份证号** | **所在单位是否乡镇学校（填是或否）** |
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| **备注：请各学校（单位）于10月2日中午12点前将学员信息表（附件3）的电子表格（excel表格）发送到邮箱hanruimiao@rdfzsanya.cn。** | | | | | | | | |