**中国药物滥用防治专家库专家登记表**

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| 姓名 | |  | 出生日期 |  | | 性别 |  | 民族 |  |
| 政治面貌 | |  | 文化程度 |  | | 毕业院校 |  | | |
| 技术职称 | |  | 行政职务 |  | | 电子邮箱 |  | | |
| 手机 | |  | | 微信号 | |  | | | |
| 工作单位及地址 | |  | | | | | | | |
| 其他社会职务任职情况 | |  | | | | | | | |
| 专业技术特长及学科方向 | |  | | | | | | | |
| **本人主要简历** | | | | | | | | | |
| 自何年月至何年月 | | |  | | | 职务 | | | |
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| **本人专业水平情况** | | | | | | | | | |
| 主要突出贡献事迹以及获奖情况 | | | | | | | | | |
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| 主要代表论文、著作以及最新成果 | | | | | | | | | |
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| 填表人签字 |  | | | | 单位盖章 |  | | | |