**CRC简历**

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| **姓名** |  | | **性别** | | |  | |
| **学历** |  | | **专业** | | |  | |
| **出生年月** |  | | | | | | |
| **联系电话** |  | | **E-mail** | | |  | |
| **工作单位/部门** |  | | | | | | |
| **联系地址** |  | | | | | | |
| **单位主管联系人** |  | | **职务** | | |  | |
| **单位主管联系电话** |  | | **E-mail** | | |  | |
| **一、教育经历** | | | | | | | |
| **起止时间** | **就读院校及专业（附毕业证书复印件）** | | | | | | |
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| **二、工作经历** | | | | | | | |
| **起止时间** | **工作单位及部门** | | | | | | |
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| **三、项目经验** | | | | | | | |
| **项目名称** | **起止时间** | | **工作角色** | | **工作内容** | | |
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| **四、本院参与或负责的临床试验项目** | | | | | | | |
| **项目名称** | | **申办方** | | **科室/PI** | | | **工作角色** |
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| **五、临床试验和GCP相关培训（附培训证书复印件）** | | | | | | | |
| **培训时间** | | **培训内容** | | | | | |
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|  | |  | | | | | |
| **签名** |  | | **日期** | | |  | |