YH/JG/ZD-ZZ-011(F)-001

**CRA简历**

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| 姓 名 |  | | 性 别 |  | | 出生年月 | | |  | | 照片 | |
| 联系电话 |  | | | | | | | | | |
| E-mail |  | | | | | | | | | |
| 教育背景（自大学起） | 学校名称 | | | | | 起止时间 | | | 专业 | | 学位 | |
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| 工作经历 | 工作单位 | | | | | 起止时间 | | | 具体工作 | | 备注 | |
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| 培训情况 | 培训机构 | | | | | 培训天数 | | | 培训主要内容 | | | |
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| 既往参加临床试验情况 | 开展科室 | 适应症 | | | 期别 | | | 负责中心数 | | 参与阶段 | | 参与时长 |
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| 目前参与临床试验情况 | 开展科室 | 适应症 | | | 期别 | | | 负责中心数 | | 参与阶段 | | 每月平均所用天数 |
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|  |  | | |  | | |  | |  | |  |
| 其他 |  | | | | | | | | | | | |
| CRA签字：  日期： | | | | | | | 公司（签章）：*XXXXXXX公司* | | | | | |