**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** |  | | | | | | | | | | | |
| **监查员签字：**  **日期：** | | | | | | | **公司（签章）：***XXXXXXX公司* | | | | | |