附件2

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| **所属地区** | **培训机构名称** | **地址** | **联系人** | **联系电话** | **线上平台名称、网址** | **培训资质（工种）** | **已培训人数** |
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**第二批公共卫生辅助服务人员线上定点培训机构推荐表**