**付表14－1　介護老人保健施設の許可の更新に係る記載事項**

|  |  |
| --- | --- |
| 受付番号 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 施　　　設 | | フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | |
| 名　　称 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | （郵便番号　　　－　　　） | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | 電話番号 | |  | | | | | | | | | | | FAX番号 | | |  | | | | | | |
| 当該事業の実施について定めてある定款・寄附行為等の条文 | | | | | | | | | | | | | | | | | 第　　　条第　　　項第　　　号 | | | | | | | | | |
| 管　理　者 | | フリガナ |  | | | | | | | | 住所 | | （郵便番号　　　　－　　　　） | | | | | | | | | | | | | |
| 氏　名 |  | | | | | | | |
| 同一敷地内の他の事業所又は施設の従業者との兼務（兼務の場合のみ記入） | | | | | ｶ　ﾅ | | |  | | | | | | | | | | | | | | | | |
| 名称 | | |  | | | | | | | | | | | | | | | | |
| 兼務する職種 | | | | | |  | | | | | | | | | | | | | |
| 通所ﾘﾊﾋﾞﾘﾃｰｼｮﾝの実施の有無 | | | | | | | | 有　・　無 | | | | | | 短期入所療養介護の実施の有無 | | | | | | | | | | 有　・　無 | | |
| 入所者の予定数 | | | | | | | | 人 | | | | | | 一日当たりの通所総利用者予定数 | | | | | | | | | | 人 | | |
| 従業者の職種・員数 | | | | | | | | | 医　師 | | | 薬剤師 | | | | 看護職員 | | | 介護職員 | | | 理学・作業療法士 | | | 栄養士 | |
| 専従 | | 兼務 | 専従 | | | 兼務 | 専従 | | 兼務 | 専従 | | 兼務 | 専従 | 兼務 | | 専従 | 兼務 |
|  | 介護老人保健施設及び通所  ﾘﾊﾋﾞﾘﾃｰｼｮﾝ従事人数 | | | | 常勤(人) | | | |  | |  |  | | |  |  | |  |  | |  |  |  | |  |  |
| 非常勤(人) | | | |  | |  |  | | |  |  | |  |  | |  |  |  | |  |  |
| 常勤換算後の人数（人） | | | | | | | |  | | |  | | | |  | | |  | | |  | | |  | |
| 基準上の必要人数（人） | | | | | | | |  | | |  | | | |  | | |  | | |  | | |  | |
| 適合の可否 | | | | | | | |  | | |  | | | |  | | |  | | |  | | |  | |
|  | | | | | | | | 支援相談員 | | | 介護支援専門員等 | | | |  | | | | | | | | | | |
| 専従 | | 兼務 | 専従 | | | 兼務 |
| 介護老人保健施設及び通所  ﾘﾊﾋﾞﾘﾃｰｼｮﾝ従事人数 | | | | 常勤(人) | | | |  | |  |  | | |  |
| 非常勤(人) | | | |  | |  |  | | |  |
| 基準上の必要人数（人） | | | | | | | |  | | |  | | | |
|  | 適合の可否 | | | | | | | |  | | |  | | | |