付表１５の１

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| 介護老人保健施設の開設許可に係る記載事項（その１）

|  |  |  |
| --- | --- | --- |
| 施　　　　設　　 | ﾌﾘｶﾞﾅ |  |
| 名称 |  |
| 所在地 | (郵便番号　　　　　－　　　　) |
|  |
| 連絡先 | 電話番号 |  | FAX番号 |  |
| メールアドレス |  |
| 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 | ﾌﾘｶﾞﾅ |  | 住　所 | (郵便番号　　　　－　　　　) |
| 氏名 |  |
| 生年月日 |  | 連絡先 | 電話番号 |  | FAX番号 |  |
| 他の職務との兼務の状況（兼務がある場合のみ記入） |
|  | 当該施設内での他の職種との兼務 | 職種 |  |
| 同一敷地内の他の事業所又は施設の職務との兼務 | 事業所又は施設の名称及び事業又は施設の種類 |  |
| 兼務する職種及び勤務時間 |  |
| 通所リハビ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 | 看護師・准看護師 | 介護職員 | 理学療法士 | 作業療法士 |
| 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） |  |  |  |  |  |  |
|  | 言語聴覚士 | 支援相談員 | 介護支援専門員 | 栄養士 |  |
| 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） |  |  |  |  |

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