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） | | | | | |  | | |  | | |  | | | |  | | | | | | |