第43号様式の７(第47条の12関係)

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| 受付番号 |  |

介護保険法第115条の32第２項（整備）又は第４項（区分の変更）に基づく業務管理体制に係る届出書

　　　　年　　月　　日

　　　いわき市長　様

所　在　地

事業者　名　　　称

代表者氏名　　　　　　　　　印

　　このことについて、次のとおり関係書類を添えて届け出ます。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 事業者（法人）番号 | | | | | | | | | | |  |  |  | |  | | |  | |  | |  | |  | | |  | |  | | |  | | |  | |  | |  | |  | |  | |  |
| １ | 届出の内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (１)　介護保険法第115条の32第２項関係（整備） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (２)　介護保険法第115条の32第４項関係（区分の変更） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２　事　　　業　　　者 | フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住　　　　　所  （主たる事務所の所在地） | （郵便番号　　　―　　　　）  　　　　　　　都道府県　　　　　　　郡市区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | 電話番号 | | | |  | | | | | | | | | | | ファクシミリ番号 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 法人の種別 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 代表者の職名・氏名・生年月日 | 職　名 |  | | | フリガナ | | |  | | | | | | | | | | | | | | | | | 生年月日 | | | | 年　　月　　日 | | | | | | | | | | | | | | | |
| 氏名 | | |  | | | | | | | | | | | | | | | | |
| 代表者の住所 | （郵便番号　　　―　　　　）  　　　　　　　都道府県　　　　　　　郡市区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ３　事業所名称等及び所在地 | | 事業所名称 | | | 指定（許可）年月日 | | | | | | 介護保険事業所番号（医療機関等コード） | | | | | | | | | | | | | | | | | | | | | | | 所　　在　　地 | | | | | | | | | | | |
| 計　　カ所 | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| ４　介護保険法施行規則第140条の40第１項第２号から第４号までに基づく届出事項 | | 第２号 | | 法令順守責任者の氏名（フリガナ） | | | | | | | | | | | | | | | | | | | | | | 生　年　月　日 | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 第３号 | | 業務が法令に適合することを確保するための規程の概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 第４号 | | 業務執行の状況の監査の方法の概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ５　区分変更 | 行政機関変更前機関名称、担当部（局）課 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業者（法人）番号 | | | | | |  |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | | |  | |  | | |  | |  | |  | |  | |  | |
| 区分変更の理由 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更後行政機関名称、担当部（局）課 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区　分　変　更　日 | | | | | | 年　　　　　月　　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |