様式第10号（第12条関係）

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| ※受付番号 |  |

業務管理体制届出書

岡山県知事　　　　　　　　　　　　殿

　　　　　　　　　　　 　届出者 住　所（法人にあっては，主たる事務所の所在地）

　　　　　　　　　　　　　　　　 氏　名（法人にあっては，名称及び代表者氏名）

介護保険法（平成９年法律第１２３号）第１１５条の３２第２項（第４項，旧介護保険法第１１５条の３２第２項（第４項））の規定により届け出ます。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ※　事　業　者　（　法　人　）　番　号 | | | | | | | | | | |  | | |  | | |  | | |  | |  | | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | |  | |  | |  | |  | |
| 届出の内容 | | | | | １　新規届出 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２　届出先区分・変更 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業者 | | フリガナ  名称又は氏名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主たる事務所  の 所 在 地 | | | （郵便番号　　　　　－　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | | 電話番号 | |  | | | | | | | | | | | | | | | | ＦＡＸ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　　　－　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所名称等 | | | | | 事業所名称 | | | 指定(許可)年 月 日 | | | | | | | 介護保険事業所番号  （医療機関コード等） | | | | | | | | | | | | 所 在 地 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 計　　箇所 | | |  | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 介護保険法施行規則(平成11年厚生省令第36号)第140条の40第１項第２号から第４号までの届出事項 | | | | | 第２号  （法令遵守責任者） | | | | | 氏名（フリガナ） | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | 年　　 月　 　日 | | | | | | | | | | | | | | | | | | | | | | |
| 第３号  （規程の概要） | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 第４号  （監査の方法の概要） | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更 | 区分変更前の行政機関の  名称及び担当部局 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事　業　者　（法　人）　番　号 | | | | | | | | | | | |  | | |  | |  | | |  | | |  | |  | | |  | |  | | |  | | |  | |  | | |  | | |  | |  | |  | |  | |  |
| 区　分　変　更　の　理　由 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更後の行政機関の  名称及び担当部局 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更年月日 | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | | 所属 |  | | | | | | | | メール  アドレス | | | | | | |  | | | | | | | | | | | | | | | | | 電話  番号 | | | | | | |  | | | | | | | | | | |
| フリガナ |  | | | | | | | |
| 氏名 |  | | | | | | | |

備考　１　※印欄には，記入しないでください。

２　「旧介護保険法」とは，健康保険法等の一部を改正する法律（平成18年法律第83号）附則第130条の２第１項の規定によりなおその効力を有するものとされた同法第26条の規定による改正前の介護保険法をいう。

３　「連絡先」には，この届出に係る連絡先を記入してください。