|  |  |
| --- | --- |
| ※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

西之表市長 　　様

　　　　 事業者　名　　　称

　　　　 代表者氏名

このことについて、下記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 | | | | | | | | | |  | | | |  | | |  | |  | |  | |  | |  | | |  | | |  | |  | | |  | | |  | |  | |  | |  |  |  |
| 届出の内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (1)法第115条の32第２項関係（整備） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2)法第115条の32第４項関係（区分の変更） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事  業  者 | | フ　リ　ガ　ナ  名　　　　　称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主たる事務所  の所在地 | | (〒　 　-　　　　）  都道　 郡　市  　　　　 府県 　 区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | (〒　 　-　　　　）  都道　 郡　市  　　　　 府県 　 区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 介護保険法施行規　則第140条の40第１  項第2号から第4号に  基づく届出事項 | | | | 第２号 | | 法令遵守責任者の氏名(ﾌﾘｶﾞﾅ) | | | | | | | | | | | | | | | | | | | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変  更 | 区分変更前行政機関名称、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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注　※印欄は、記入しないこと。