第８号様式（別表第１の８関係）

年　　月　　日

　青森県知事　　　　　　　殿

住　所

開設者

氏　名　　　　　　　　　　　　　　印

診療所（歯科診療所）開設届

　診療所（歯科診療所）を開設したので、医療法第８条の規定により、下記のとおり届け出ます。

記

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 診療所  (歯科  診療所)の名称等 | | 名称 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 開設の場所  （所在地） | | | | | | | | | | | | 〒  （電　話）　　　　　　　　　（ＦＡＸ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療科目 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 臨床研  修等修  了医師  又は臨  床研修  等修了  歯科医  師が開  設する  場合 | | 現に病院又は診療所を  開設し、若しくは管理  し、又は勤務している  場合の当該施設の名称  等 | | | | | | | | | | | | | | | | | | 施設の名称 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | | | | | | 〒  （電話）　　　　　　（ＦＡＸ） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 開設、管理、勤務の別 | | | | | | | | | | | | | | | | | | 開設者・管理者・勤務者 | | | | | | | | | | | | | | | | | |
| この届出に係る診療所  と同時に別の病院又は  診療所を開設しようと  する場合の当該施設の  名称等 | | | | | | | | | | | | | | | | | | 施設の名称 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | | | | | | 〒  （電話）　　　　　　（ＦＡＸ） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 開設年月日 | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医師又は歯科医師の別 | | | | | | | | | | | | | | | | | | 医師・歯科医師 | | | | | | | | | ※　臨床研修修了登録証又は免許証の写し添付 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 従業員  の定員  （単位：人） | | 医  師 | | 歯  科  医  師 | | | | 薬  剤  師 | | | | | 看  護  師 | | | | 准  看  護  師 | | 助  産  師 | | 看  護  補  助  者 | | （管理）栄養士 | | 診療放射線技師 | 臨床エックス線技師 | | | | | 臨床（衛生）検査技師 | | | 臨  床  工  学  技  士 | | | 理  学  療  法  士 | | 作  業  療  法  士 | | | | | | | 歯科衛生（技工）士 | |  |  | | 事  務  職  員 | | | そ  の  他  職  員 | 合計 |
|  | |  | | | |  | | | | |  | | | |  | |  | |  | |  | |  |  | | | | |  | | |  | | |  | |  | | | | | | |  | |  |  | |  | | |  |  |
| 敷  地  の  状  況 | | 面積 | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 平面図 | | | | | | | | | | | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 周囲の見取図 | | | | | | | | | | | | | 別添のとおり（建物の配置を記載すること。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建  物  の  構  造  概  要 | | 建築面積 | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | 建築延べ面積 | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | |
|
| 構  造  等 | | 建物（棟）別 | | | | | | | | | | | | | | 構造概要 | | | | | | | | | 用　　途 | | | | | | | | | | | | | | 延べ床面積 | | | | | | | | | | | 備　　考 | | | |
|  | | | | | | | | | | | | | | 造　　階建 | | | | | | | | |  | | | | | | | | | | | | | | ㎡ | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | |
| 平面図 | | | | | | | | | | | | | | 別添のとおり（方位、縮尺（２００分の１以上のもの）、各室の名称・  用途・寸法を記載され、かつ、病室にあっては病床の種別（療養病床又  は一般病床）及びそれぞれの病室の病床数が明示されていること。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 廊  下  幅 | | 片側居室 | | | | | | | | | | | | 療養病床に係る病室に隣接  する廊下幅の最小値 | | | | | | | | | | | | | | | | | ｍ | | | | | | | | | | | | | | | | | | | | | | |
| 上記以外の廊下幅の最小値 | | | | | | | | | | | | | | | | | ｍ | | | | | | | | | | | | | | | | | | | | | | |
| 両側居室 | | | | | | | | | | | | 療養病床に係る病室に隣接  する廊下幅の最小値 | | | | | | | | | | | | | | | | | ｍ | | | | | | | | | | | | | | | | | | | | | | |
| 上記以外の廊下幅の最小値 | | | | | | | | | | | | | | | | | ｍ | | | | | | | | | | | | | | | | | | | | | | |
| 階  段 | | 直  通  階  段 | | | | | 設置  数 | | | | | | | カ所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 患者用エレベーターの設置 | | | | | | | | | | | | | | | | | 有（　　　　　　カ所）　・　無 | | | | | | | | | | | | | | | | | | | | |
| 主要  構造  部 | | | | | | | □耐火構造  □建築基準法（昭和25年法律第201号）第2条第9号に規定する不燃材料 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 避  難  階  段 | | | | | 設置  数等 | | | | | | | カ所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 上記の直通階段のうち、建築基準法施行令  （昭和25年政令第338号）第123条第1号と  しての構造をもつ直通階段の数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 有（　　カ所） ・ 無 | | | | | | | | |
| 階段の幅 | | | | | | | | | | | | 最小値　　　　　　ｍ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 踊場の幅 | | | | | | | | | | | | 最小値　　　　　　ｍ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 踏面の幅 | | | | | | | | | | | | 最小値 ｍ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| けあげ高 | | | | | | | | | | | | 最小値 ｍ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 手すり | | | | | | | | | | | | 有　　　・　　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 病床の  区分ご  との病  室数及  病床数 | | 病  室  数  計 | | | | | 病  床  数  計 | | | | | | | | | 内　　　　　　　　　訳 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 療養病床 | | | | | | | | | | | | | | | | | | | | 一般病床 | | | | | | | | | | | | | | | | | | | |
| 病室数 | | | | | | | | 病床数 | | | | | | | | | | | | 病室数 | | | | | | | | | | | | | | 病床数 | | | | | |
| 室 | | | | | 床 | | | | | | | | |
| 室 | | | | | | | | 床 | | | | | | | | | | | | 室 | | | | | | | | | | | | | | 床 | | | | | |
| 病床に  係る構  造設備 | | 病  室  の  概 要 | | | 病室名 | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| 病床種別 | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| 病床数 | | | | | | | | | | 床 | | | | | | | | | | | | | 床 | | | | | | | | | | | | | | | | | | | 床 | | | | | | | | |
| 床面積 | | | | | | | | | | ㎡ | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | |
| １床当た  り面積 | | | | | | | | | | ㎡ | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | |
| 隣接する  廊下幅 | | | | | | | | | | ｍ | | | | | | | | | | | | | ｍ | | | | | | | | | | | | | | | | | | | ｍ | | | | | | | | |
| 備考 | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| 諸  施  設  の  構  造  設  備  の  概  要 | | 診  察  室 | | | 構造設備の概要 | | | | | | | | | | | | | | | | | （主たる構造） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 防火、危害防止  に係る設備 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 手  術  室 | | | 手術室の名称 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 準備室の附設 | | | | | | | | | | | | | | | | | 有（概要　　　　　　　　　　　　　　　　　　）・無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 塵埃の防止措置 | | | | | | | | | | | | | | | | | 有（概要：　　　　　　　　　　　　　　　　　）・無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内壁全体の材質 | | | | | | | | | | | | | | | | | タイル・テラゾー・プラスチック・パネル・その他（　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 適当な暖房設備 | | | | | | | | | | | | | | | | | スチーム・空調・蒸気・ガス・電気・石油・その他（　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 適当な照明 | | | | | | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 滅菌手洗い設備 | | | | | | | | | | | | | | | | | 製作者・型式： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 防曝設備 | | | | | | | | | | | | | | | | | 有（概要：　　　　　　　　　　　　　　　　　）・無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 処  置  室 | | | 構造設備の概要 | | | | | | | | | | | | | | | | | （主たる構造） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 防火、危害防止  に係る設備 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 臨  床  検  査  施  設 | | | 室面積 | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 防蝿設備の有無 | | | | | | | | | | | | | | | | | 概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 機械器具の名称  及び数 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 防火設備の有無 | | | | | | | | | | | | | | | | | 概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施設内の空気が  病院の他の部分  に流入しないよ  うにする機械換  気設備 | | | | | | | | | | | | | | | | | 有（製作者・型式等　　　　　　　　　　　　　）・無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| エ  ッ  ク  ス  線  装 置 | | | 装  置 | | | 製作者・型  式等 | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | |
| 用途 | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | |
| 台数 | | | | | | | | | | | | | | 台 | | | | | | | | 台 | | | | | | | | | | | | | 台 | | | | | | | | | | 台 | | |
| 固定・移動  ・携帯の別 | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | |
| 使  用  室 | | | 面積 | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | |
| 操作室 | | | | | | | | | | | | | | 有（　　　　　㎡）・　無 | | | | | | | | | | | | | | | | | | | | | 有（　　　　　㎡）　・　無 | | | | | | | | | | | | |
| 暗室 | | | | | | | | | | | | | | 有（　　　　　㎡）・　無 | | | | | | | | | | | | | | | | | | | | | 有（　　　　　㎡）　・　無 | | | | | | | | | | | | |
| 構造設備の  概要（特に  放射線障害  防止の方  法） | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 調  剤  所 | | | 面積 | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 採光換気設備 | | | | | | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 冷暗所の構造等 | | | | | | | | | | | | | | | | | □面積　　　　　　㎡（電気冷蔵庫　容量　　ℓ）  □構造　　　　　　造 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 機械器具の名称  及びその数 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 給  食  施  設 | | | 入院患者すべて  に給食可能な能  力 | | | | | | | | | | | | | | | | | 有　　　・　　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 療養病床  患者用食堂 | | | | | | | | | | | | □　有　・　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □療養病床数　　　　　　　床  □食堂面積　　　　　　　　㎡ | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| １人当たり　　　　　　㎡ | | | | | | | | | | |
| 上記以外の  患者用食堂 | | | | | | | | | | | | □　有　・　無  □食堂面積　　　　　　　　　㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 調  理  室 | | | | | 洗浄・排水  清掃に便利  な構造の概  要 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 床の構  造等 | | | | | | | | | | | □耐水材料の概要：コンクリート・タイル・その他（　　　　）  □型式：　ドライ式　・　ウェット式 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 採光換気設備 | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 食器消毒設備 | | | | | | | | | | | | 有（消毒方法　　　　　　　　　　　　　　　　）・無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 食器洗浄設備 | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 防火設備の概要 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 分  べ  ん  室  等 | | | 分  べ  ん  室 | | | | | 面積 | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 構造設備の概要 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |
| 沐  浴  室 | | | | | 面積 | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 構造設備の概要 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 消  毒  施  設 | | | 消毒室面積 | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 構造設備の概要 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院患者及び職  員の被服、寝具  等を消毒できる  施設設備 | | | | | | | | | | | | | | | | | □蒸気（製作者・型式　　　　　　　　　　　　　　　　　　）  □ガス（製作者・型式　　　　　　　　　　　　　　　　　　）  □薬品（製作者・型式　　　　　　　　　　　　　　　　　　）  □その他の方法（製作者・型式　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 洗  濯  施  設 | | | 洗濯室面積 | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 構造設備の概要 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 歯  科  技  工  室 | | | 防塵防止設備 | | | | | | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 防火設備の概要 | | | | | | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 換気設備 | | | | | | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 療  養  病  室 | 機  能  訓  練  室 | | | 室名 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 床面積 | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | |
| 設備の概要 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 談  話  室 | | | 食堂との兼用 | | | | | | | | | | | | | | | | | □専用（面積：　　　　　　　　　　　㎡）  □兼用 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 設備の概要 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 浴  室 | | | 身体不自由者が  入浴するための  設備の概要 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 消火用の機械又は器具の概要 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 開設年月日 | | | | | | | | | | | | | | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 管理者の氏名等 | | | | | | | | | | | | | | | | | | | | | | 氏　　　　名 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 生年月日 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 現住所 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 臨床研修修了登録番号又は医籍登録番号登録年月日 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 診療に  従事する医師  （歯科  医師）  の氏名、担当診療  科目等 | | | 氏名（ふりがな） | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 担当診療科目 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 診療に従事する日  （曜日） | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 診療時間 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 医籍（歯科医籍）登録 | | | | | | | | | 番　号 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 年月日 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 備考 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 勤務する薬剤師の氏名等 | | | 氏名（ふりがな） | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 薬剤師  名簿登録 | | | | | | | | | 番　号 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 年月日 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 連絡先等 | | | | | | 名　　　　称 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | | | | | | | | | | | | | 〒  （電話）　　　　　　　　　　（ＦＡＸ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 担当者職氏名 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

添付書類

１　開設者（管理者）及び診療に従事する医師若しくは歯科医師の臨床研修修了登録証又は免許証の　写し並びに業務に従事する薬剤師又は助産師の免許証の写し

２　医師（歯科医師）、薬剤師以外の従業員名簿（氏名、職名、免許番号（有資格の医療従事者）、　担当診療科名、常勤・非常勤の別（非常勤にあっては、月当たりの勤務日数及び勤務時間数並びに　本務先）を記載したもの）

３　麻酔科を標榜したときは、担当医師の麻酔科標榜許可証の写し