第1号様式(第2条関係)

業務管理体制届出書

年　　月　　日

福井県知事　様

所在地

届出者名称

代表者氏名

　介護保険法第115条の32第2項(第4項)の規定により、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 |  | |  | |  | |  | | |  | |  | | |  | | |  | |  | | | | |  | |  | |  | | | | |  | | |  | | |  | | |  | |  | |
| 1　届出の内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (1)　業務管理体制の整備(法第115条の32第2項) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2)　届出先の区分変更(法第115条の32第4項) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２　事業者 | フリガナ  名称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主たる事務所の所在地 | | (郵便番号　　　　―　　　　)  　　　　　　都道　　　　　　　　　郡市  　　　　　　府県　　　　　　　　　区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ビルの名称等) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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　　　　―　　　　)  　　　　　　都道　　　　　　　　　郡市  　　　　　　府県　　　　　　　　　区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ビルの名称等) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3　事業所名称等および所在地 | | | 事業所名称 | | | | | | | 指定(許可)年月日 | | | | | | | | | | | | | 介護保険事業所番号  (医療機関コード) | | | | | | | | | | | | | | | | 所在地 | | | | | | | | |
| 計　　箇所 | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | |
| 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号までに掲げる届出事項 | | | (1)　第2号 | | | | | | | 法令順守責任者の氏名(フリガナ) | | | | | | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| (2)　第3号 | | | | | | | 業務が法令に適合することを確保するための規定の概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (3)　第4号 | | | | | | | 業務執行の状況の監査の方法の概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ５　区分変更 | 区分変更前行政機関名称、担当部(局)課名 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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)課名 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更日 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考

　1　「1　届出の内容」欄の上段の「事業者(法人)番号」欄には記載しないでください。

　2　「1　届出の内容」欄および「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号までに掲げる届出事項」欄については、該当する括弧付きの番号を○で囲んでください。