**様式第二号**(第三条、第五条関係)

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|  | | | | | ホチキス位置_1.gif |
| 記入不要 | 登録番号 |  |  | 収入印紙欄  (収入印紙は消印しないでください) |
| 訂正書換え交付年月日 |  |

歯科衛生士名簿訂正・免許証(免許証明書)書換え交付申請書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 登録番号 | 第 |  |  |  |  |  |  | 号 | 登録年月日 | 昭和  平成  令和 |  |  | 年 |  |  | 月 |  |  | 日 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| 登録都道府県名 |  | 都道府県 | ※コード番号 | | |  |
|  |  |  |

　変更を生じた事項

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 変更前 | | | | | | | | | | | | 変更後(第1回) | | | | | | | | | | | | 変更後(第2回) | | | | | |
| ※コード番号 |  |  |  | |  | | | | | | | |  |  |  | |  | | | | | | | |  |  |  |  | | |
| 本籍  (国籍) |  | | | | | | | | | | 都道府県 | |  | | | | | | | | | | 都道府県 | |  | | | | | 都道府県 |
| ふりがな | (氏) | | | | | | | (名) | | | | | (氏) | | | | | | | (名) | | | | | (氏) | | | | (名) | |
| 氏名 |  | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | |
| (旧姓) | | | | | | |  | | | | | (旧姓) | | | | | | |  | | | | | (旧姓) | | | |  | |
| 旧姓併記の希望 |  | | | | | | | | | | | | 有・無 | | | | | | | | | | | | 有・無 | | | | | |
| 通称名 |  | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | |
| 生年月日 | 昭和  平成  令和  西暦 | | |  | |  |  | |  | 年 | |  | 昭和  平成  令和  西暦 | | |  | |  |  | |  | 年 | |  |  | | | | | |
|  | |  | 月 | |  |  | | 日 |  | |  | 月 | |  |  | | 日 |

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| 変更の理由 |  | ※ | ※ |  |  |  |  |  |  |  |

　上記により歯科衛生士名簿訂正・免許証(免許証明書)書換え交付を申請します。　　　　　年　　　月　　　日

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 電話番号 | (　　　　) | | | | | |  | |
| 住所 | 〒 | 都道府県 |  | | | | | |
| 氏名 |  | | |  |  |  | |  |
| 受付印 |
| 厚生労働大臣  　　指定登録機関代表者　殿  ※印の欄は記載しないこと。 | | | | | | | |  |