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| 宮城県収入証紙貼付欄（2,200円） |

様式第７号

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| 介護支援専門員証有効期間更新交付申請書   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | (ﾌﾘｶﾞﾅ)  氏　名 |  | | 生年  月日 | 西暦 | |  | |  | | 年 | |  | | 月 | |  | | 日 | |  | | | 住　所 | (ﾌﾘｶﾞﾅ) | | | | | | | | | | | | | | | | | | | 〒 | | | | | | | | | | | | | | | | | | | 登録番号 |  | 現に有する  介護支援専門員証の有効期限 | | 西暦 |  | |  | | 年 | |  | | 月 | |  | | 日 | | | 研修修了  状　況 |  | 修了年月日 | | 西暦 |  | |  | | 年 | |  | | 月 | |  | | 日 | |  |  | 年 |  | 月 |  | 日 |   上記のとおり，介護支援専門員証有効期間の更新交付を申請します。  また，介護保険制度の適正な実施を図るために必要があるときは，登録された事項を国及び他の都道府県に提示することを同意します。  　　年　　月　　日  氏　　名  現 住 所　〒  上記と同じ  場合省略可  日中連絡先　℡  　宮城県知事　　　　　　　殿 |

（注）　添付書類は次のとおりとする。

１　更新研修又は指定研修の修了証明書

２　現に有する介護支援専門員証（介護支援専門員登録証明書）

３　写真（縦3×横2.4㎝，無帽，正面，上半身，無背景）