様式第２号

　　　　年　　月　　日

福井県知事　様

申請者　住所

氏名

電話番号

介 護 支 援 専 門 員 登 録 移 転 申 請 書

介護保険法第６９条の３の規定により介護支援専門員の登録の移転を申請します。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 現在、登録をしている都道府県 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 都 道 府 県 | | | | | | | | | | | | | | | | | | | | | | | |
| 登録を移転しようとしている都道府県 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 都 道 府 県 | | | | | | | | | | | | | | | | | | | | | | | |
| 介護支援専門員番号 | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | | | | | | | | | |
| フリガナ |  |  | |  |  | | | |  | | | |  | |  | | | |  | | | |  | | | | |  | | |  | | |  | | |  | |  | | | |  | | |  |  | | |  | |  | | |  |
| 氏　名 |  | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | |  | | | | |  | | | |
| 生年月日 | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （西暦で記載してください。） | | | | | | | | | | | | | | | | | | | | | | | | |
| 登録移転先における住所 | 郵便番号 | | | | | | | | |  | | | |  | | |  | | | | － | | | | |  | | |  | | | |  | | | |  | | |  | | | | | | | | | | | | | | | |
| フリガナ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 都･道　　　　　郡　　　　　　　町 村  府･県　　　　　市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| フリガナ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アパート･マンション･寮の名称･号室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 個人番号  （マイナンバー） |  | |  | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | |  | | |  | | | |  | | |
| 登録移転先における勤務場所 | 事業所等の種類(該当する□にレ印) | | | | | | | □居宅介護支援事業所　□(介護予防)特定施設入居者生活介護　□(介護予防)小規模多機能型居宅介護　□(介護予防)認知症対応型共同生活介護　□地域密着型特定施設入居者生活介護　□地域密着型介護老人福祉施設入所者生活介護　□介護保険施設　□介護予防支援事業者　□地域包括支援センター | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所名 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所所在地 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 介護保険事業所番号 | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | |

＊　添付書類

**マイナンバーカードの写し（両面）※**

※マイナンバーカードをお持ちでない場合は次の①および②を添付してください

　　①個人番号確認書類（通知カードの写しまたは個人番号を記載した住民票 等）

　　②身元確認書類（運転免許証の写し 等）

＊　この申請書は、福井県以外の都道府県の登録から福井県の登録への移転の申請に使用します。

＊　この申請書は、**現在、登録をしている都道府県**へ提出してください。介護支援専門員証の交付を受ける場合は、交付申請書を同時に提出してください。