**附件三**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **114年度中醫負責醫師主要訓練診所遴選申請書**  本院申請參加貴部辦理之診所遴選，瞭解申請流程並願意主動提供所需資料及配合各項作業。  此 致  衛生福利部   |  |  | | --- | --- | | 申請院所名稱（全銜）： |  | | 醫療機構代碼（十碼）： |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 一、是否領有中醫醫療機構開業執照：○是 ○否 | | | | | | | | 二、專任中醫師人數 |  | 人；領有有效臨床醫學指導教師資格證書 | | |  | 人； | | 領有有效中藥學指導教師資格證書 | | |  | 人。 | | | | 三、是否通過「中醫醫療院所加強感染管控」審查認證：○是 ○否 | | | | | | | | 四、是否通過「中醫醫療院所針灸標準作業程序」審查認證：○是 ○否 | | | | | | | | 五、最近兩年內有無衛生機關行政處分紀錄及司法機關刑事處分：○有 無○ | | | | | | | | 六、最近兩年內有無涉及全民健康保險醫事服務機構特約及管理辦法第三十八條至第四十條所列違規情事之一：○有 ○無 | | | | | | |  |  |  |  | | --- | --- | --- | | 負責醫師簽章 | ： | （請蓋關防及負責醫師章） | | 聯絡人（職稱） | ： |  | | 地址 | ： |  | | 電話 | ： |  | | 傳真 | ： |  | | 電子郵件信箱 | ： |  |   中華民國114年 月 日 |