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| 認　定　医資格更新申請書  年　　　月　　　日  ＮＰＯ法人日本口腔科学会　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　（申請書の日付はすべて西暦）  　　 生涯教育制度評価認定委員会　殿   |  |  |  | | --- | --- | --- | | 所属施設  (講座または診療科) |  | | | 申請者氏名(自筆) |  | ㊞ | | 会員番号 |  | |   ＮＰＯ法人日本口腔科学会認定医規則に基づき、下記の関係書類及び審査料を添えて申請をいたしますので審査をお願いいたします。   |  | | --- | | 記 | | 1．学術集会、教育研修会等の参加記録 | | 2．業績目録 | | 3．資格更新審査料　郵便振替払込請求書兼受領証（写） | |  | |  | |  | |  |   以上   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 連絡先 | E-mail アドレス | |  |  | | 勤務先 | 所在地 | 〒　　　－ |  | | 名称  （ＴＥＬ） |  |  | | 自　宅  （ＴＥＬ） | 〒　　　－ | |  | |

2021年12月版

2007.11.30

認更－２

本学会が主催する学術集会

（総会・地方部会）の参加記録

（4回以上、うち総会1回を含む）

ここに参加記録のコピーなどを貼付してください。

認更－２

本学会が主催する教育研修会の参加記録

（4回以上）

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| |  | | --- | | **学会参加・教育研修会参加**  **更新単位合計** |   　１　本学会が主催する学術集会（総会・地方部会）の参加   |  |  |  | | --- | --- | --- | | 学会名，開催地，開催年月日 | | 単位数 | | １ |  |  | | ２ |  |  | | ３ |  |  | | ４ |  |  | | ５ |  |  | | ６ |  |  | | ７ |  |  | | ８ |  |  | | ９ |  |  | | 10 |  |  | | 学会参加単位　計 | | |   　　　＊ 記入欄が不足する場合はこのページをコピーして記入ください。 |

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| 2　本学会が主催する教育研修会の参加   |  |  |  | | --- | --- | --- | | 学会名，開催地，開催年月日 | | 単位数 | | １ |  |  | | ２ |  |  | | ３ |  |  | | ４ |  |  | | ５ |  |  | | ６ |  |  | | ７ |  |  | | ８ |  |  | | ９ |  |  | | 10 |  |  | | 11 |  |  | | 12 |  |  | | 13 |  |  | | 14 |  |  | | 学会参加単位　計 | | |   　　　＊ 記入欄が不足する場合はこのページをコピーして記入ください。 |

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| 3　日本歯科医学会又は日本医学会の分科会が主催する学術集会等の参加  　　（参加記録の控え等提出の必要はございません。）   |  |  |  | | --- | --- | --- | | 学会名，開催地，開催年月日 | | 単位数 | | １ |  |  | | ２ |  |  | | ３ |  |  | | ４ |  |  | | ５ |  |  | | ６ |  |  | | ７ |  |  | | ８ |  |  | | ９ |  |  | | 10 |  |  | | 11 |  |  | | 12 |  |  | | 13 |  |  | | 14 |  |  | | 学会参加単位　計 | | |   　　　＊ 記入欄が不足する場合はこのページをコピーして記入ください。 |

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| 業績目録   |  | | --- | | **学会発表・学術論文** |   　業績目録－1　学会発表   |  |  |  |  | | --- | --- | --- | --- | | 学会名，演題番号，演題名，演者名，発表年月 | | 演者区分 | 単位数 | | １ |  | ☐ 筆頭演者  ☐ 共同演者 |  | | ２ |  | ☐ 筆頭演者  ☐ 共同演者 |  | | ３ |  | ☐ 筆頭演者  ☐ 共同演者 |  | | ４ |  | ☐ 筆頭演者  ☐ 共同演者 |  | | ５ |  | ☐ 筆頭演者  ☐ 共同演者 |  | | ６ |  | ☐ 筆頭演者  ☐ 共同演者 |  | | ７ |  | ☐ 筆頭演者  ☐ 共同演者 |  | | ８ |  | ☐ 筆頭演者  ☐ 共同演者 |  | | ９ |  | ☐ 筆頭演者  ☐ 共同演者 |  | | 10 |  | ☐ 筆頭演者  ☐ 共同演者 |  | | 11 |  | ☐ 筆頭演者  ☐ 共同演者 |  | | 学会発表単位　 計 | | | |   　　　＊記入欄が不足する場合はこのページをコピーして記入ください。 |

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| 業績目録－2　学術論文   |  |  |  |  | | --- | --- | --- | --- | | 著者名：標題，掲載誌名　巻；掲載頁(最初の頁－最後の頁)，発行年 | | 著者区分 | 単位数 | | １ |  | ☐ 筆頭著者  ☐ 共 著 者 |  | | ２ |  | ☐ 筆頭著者  ☐ 共 著 者 |  | | ３ |  | ☐ 筆頭著者  ☐ 共 著 者 |  | | ４ |  | ☐ 筆頭著者  ☐ 共 著 者 |  | | ５ |  | ☐ 筆頭著者  ☐ 共 著 者 |  | | ６ |  | ☐ 筆頭著者  ☐ 共 著 者 |  | | ７ |  | ☐ 筆頭著者  ☐ 共 著 者 |  | | ８ |  | ☐ 筆頭著者  ☐ 共 著 者 |  | | ９ |  | ☐ 筆頭著者  ☐ 共 著 者 |  | | 10 |  | ☐ 筆頭著者  ☐ 共 著 者 |  | | 11 |  | ☐ 筆頭著者  ☐ 共 著 者 |  | | 12 |  | ☐ 筆頭著者  ☐ 共 著 者 |  | | 学術論文発表単位 計 | | | |   　　　＊記入欄が不足する場合はこのページをコピーして記入ください。 |

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| |  |  | | --- | --- | | 業績目録－3　口腔医療に関する症例の診療経験実績報告書 |  |  |  |  | | --- | --- | | 記入年月日 | 年　　　月　　　日 |  |  |  | | --- | --- | | 申請者氏名 |  | | 研修施設名称 |  | |
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| ［規則第14条　細則第８条関係]  認定医更新登録申請書  年　　　月　　　日  （申請書の日付はすべて西暦）  ＮＰＯ法人日本口腔科学会  　　 生涯教育制度評価認定委員会　殿   |  |  |  | | --- | --- | --- | | 現在の所属  (講座または診療科) |  | | | 申請者氏名(自筆) |  | ㊞ | | 会員番号 |  | |   ＮＰＯ法人日本口腔科学会認定医規則に基づき、登録料を添えて申請をいたします。   |  |  |  |  | | --- | --- | --- | --- | | 連絡先 | E-mail アドレス | |  | | 勤務先 | 所在地 | 〒　　　－ | | 名称  （ＴＥＬ） |  | | 自　宅  （ＴＥＬ） | 〒　　　－ | | |

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