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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1. **Apêndice 1 - Ficha de Inscrição / Certificação da Qualidade – CofenInstituição de Saúde ou Formação Profissional (Para inscrição de serviços preencher formulário especifico, apresentado no Apêndice 2)** | | | | | | | | | | | | | | | Entidade Mantenedora/Instituição | | | | Natureza  ( ) Pública ( ) Privada ( ) FilantrópicaCNPJ nº | | | | | | | | | | | **Características da Instituição:**( ) Hospital ( ) Pronto Atendimento/UPA ( ) Ambulatório ( ) Clinica ou Centro de Especialidade ( ) Hemodiálise ( ) Serviços de Apoio e Diagnóstico ( ) Home Care ( ) Instituição de Longa permanência ( ) Consultório Isolado ( )Atenção Primária ( ) Hemoterapia ( ) Unidades Especializadas ( ) **Formação Profissional** ( ) Outros: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | Endereço | | | | | | | | | | | | | | | Bairro | | | Município | | | | | | | CEP | | | UF | | Telefone () | | | Site | | | | | | | | | | | | **2. Direção da Instituição** | | | | | | | | | | | | | | | Nome | | | | | | | | | | | | | | | Cargo | | | Telefone ( ) | | | | | | E -mail | | | | | | **3. Responsável Técnico – RT** | | | | | | | | | | | | | | | Nome | | | | | | | | | | | Registro COREN | | | | E-mail | | | Telefone ()\_\_\_\_\_\_\_\_\_ Ramal:\_\_\_\_\_\_\_ | | | | | | | | Celular () | | | | Cargo | | | | | | | Tempo de atuação como RT na Instituição:  ( ) anos ( ) meses | | | | | | | | Certidão de Responsabilidade Técnica nº | | | | | | | Tempo de formação: () anos | | | | | | | | **Formação RT** | | | | | | | | | | | | | | | **Nível** | **Concluído** | | **Ano** | | **Área** | | | | | | | | | | Doutorado | Sim ( ) Não ( ) | |  | |  | | | | | | | | | | Mestrado | Sim ( ) Não ( ) | |  | |  | | | | | | | | | | Especialização | Sim ( ) Não ( ) | |  | |  | | | | | | | | | | **4. Aspectos Gerais da Instituição** | | | | | | | | | | | | | | | Total de profissionais de Enfermagem: \_\_\_\_\_\_\_profissionais | | | | | | | | | | | | | | | **Categoria Profissional** | | **Manhã** | **Tarde** | | | **Noite1** | | **Noite 2** | | | | **Total** | | | Enfermeiro | |  |  | | |  | |  | | | |  | | | Técnico | |  |  | | |  | |  | | | |  | | | Auxiliar | |  |  | | |  | |  | | | |  | | | Atendentes | |  |  | | |  | |  | | | |  | | | **Total** | |  |  | | |  | |  | | | |  | | | **Data de Envio \_\_\_/\_\_\_/\_\_\_** | | | **Assinatura e carimbo do Responsável Técnico** | | | | | | | | | | |   **Apêndice 2 -Ficha de Inscrição de Serviço/ Unidade**  **OBS: Deverá ser preenchido para cada Serviço/Unidade**   1. **Dados de Identificação** | | | | | | | | | | | | |
| Denominação Serviço/Unidade | | | | | | | | | | | | |
| Preencher os itens abaixo quando o Serviço/Unidade se localizar em endereço diferente do da Instituição. | | | | | | | | | | | | |
| Endereço | | | | | |  | | | | | | |
| Bairro | | | Município | | | | | | CEP | | | UF |
| Telefone ( ) | | | Site | | | | | | | | | |
| **2. Responsável Técnico – RT ou Coordenador do Serviço/Unidade** | | | | | | | | | | | | |
| Nome | | | | | | | | | | Registro COREN | | |
| E-mail | | | Telefone ( )\_\_\_\_\_\_\_\_\_ Ramal:\_\_\_\_\_\_\_ | | | | | | | Celular ( ) | | |
| Cargo | | | | | | | Tempo de atuação como RT ou Coordenador do Serviço/Unidade:  ( ) anos ( ) meses | | | | | |
| Certidão de Responsabilidade Técnica nº | | | | | | | Tempo de formação: ( ) anos | | | | | |
| **Formação RT ou Coordenador do Serviço/Unidade** | | | | | | | | | | | | |
| **Nível** | **Concluído** | | **Ano** | **Área** | | | | | | | | |
| Doutorado | Sim ( ) Não ( ) | |  |  | | | | | | | | |
| Mestrado | Sim ( ) Não ( ) | |  |  | | | | | | | | |
| Especialização | Sim ( ) Não ( ) | |  |  | | | | | | | | |
| **3. Aspectos Gerais do Serviço/Unidade** | | | | | | | | | | | | |
| Número de leitos: | | | | | | | | | | | | |
| Total de profissionais de Enfermagem: \_\_\_\_\_\_\_profissionais | | | | | | | | | | | | |
| **Categoria Profissional** | | **Manhã** | **Tarde** | | **Noite1** | | | **Noite 2** | | | **Total** | |
| Enfermeiro | |  |  | |  | | |  | | |  | |
| Técnico | |  |  | |  | | |  | | |  | |
| Auxiliar | |  |  | |  | | |  | | |  | |
| Atendentes | |  |  | |  | | |  | | |  | |
| **Total** | |  |  | |  | | |  | | |  | |
| **Data de Envio \_\_\_/\_\_\_/\_\_\_** | | | **Assinatura e carimbo do Responsável Técnico ou Coordenador do Serviço** | | | | | | | | | |