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| **核医学診療看護師認定審査申請書** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 一般社団法人日本核医学会　教育・専門医審査委員会　殿 | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |  | | | |  | | | |
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| 私は日本核医学会核医学診療看護師制度による認定審査を申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |
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| 免許  交付者 | | | 厚生労働大臣　・　都道府県知事　（都道府県名　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 看護師・准看護師・保健師 登録年月日 | | | | | | | | | | | | | | | 登　録　番　号 | | | | | | | | | | | | | | | | | | | | | |
| 昭和  平成 |  | | |  | 年 |  |  | | 月 |  | |  | | 日 | 第 | |  | |  | | |  | | | |  |  | | | | |  | |  | | 号 |
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| 看護師コース参加 | | | | | | | | H25年（第13回）以降受講 | | | | | | | | | | （　　　　　　　）年に受講 | | | | | | | | | | | | | | | | | | |
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| 核医学診療に携わった経験 | | | | | | | | | | | | | | | | | | はい ・ いいえ | | | | | | | | | | | | | | | | | | |
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| 核医学診療看護師申請取得単位数　　　　合計　　　　　　　　単位 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | |