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| 口腔がん専門医更新認定申請書  年　　　月　　　日  日本口腔腫瘍学会　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　（申請書の日付はすべて西暦）  　　 口腔がん専門医制度委員会　殿   |  |  |  | | --- | --- | --- | | 所属  (施設名及び講座  または診療科) |  | | | 申請者氏名(自筆) |  | ㊞ | | 会員番号 |  | | | 認定番号 |  | |   日本口腔腫瘍学会口腔がん専門医制度規則に基づき、下記の関係書類及び更新料を添えて口腔がん専門医資格更新を申請いたしますので審査をお願いいたします。   |  | | --- | | 記 | | １．日本口腔外科学会認定口腔外科専門医認定証（写） | | ２．日本がん治療認定医機構がん治療認定医（歯科口腔外科）認定証または  　　がん治療認定医認定証（写） | | ３．学術集会・講習会参加証および教育研修会等の受講証（写） | | ４．申請前5年間の口腔がん診療実績表 （専更－２） |   以　上   |  |  |  |  | | --- | --- | --- | --- | | 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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| 申請前5年間の口腔がん診療実績表   |  |  | | --- | --- | | 記入年月日 | 年　　　月　　　日 |  |  |  | | --- | --- | | 申請者氏名 |  | | 施設・診療科名 |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | １．症例一覧表　期間　　　　年　　月　～　　　年　　月 | | | | | | | No | ID番号 | 初診日 | 診断名 | 主たる治療内容  （手術療法/放射線治療/  薬物療法/緩和医療 等） | 手術の担当  （原発巣切除術/  　頸部郭清術/  再建術） | | 年/月/日（西暦） | | 1 |  |  |  |  |  | | 2 |  |  |  |  |  | | 3 |  |  |  |  |  | | 4 |  |  |  |  |  | | 5 |  |  |  |  |  | | 6 |  |  |  |  |  | | 7 |  |  |  |  |  | | 8 |  |  |  |  |  | | 9 |  |  |  |  |  | | 10 |  |  |  |  |  | | 11 |  |  |  |  |  | | 12 |  |  |  |  |  | | 13 |  |  |  |  |  | | 14 |  |  |  |  |  | | 15 |  |  |  |  |  | | 16 |  |  |  |  |  | | 17 |  |  |  |  |  | |

専更－２

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | No | ID番号 | 初診日 | 診断名 | 主たる治療内容  （手術療法/放射線治療/  薬物療法/緩和医療 等） | 手術の担当  （原発巣切除術/  　頸部郭清術/  再建術） | | 年/月/日（西暦） | | 18 |  |  |  |  |  | | 19 |  |  |  |  |  | | 20 |  |  |  |  |  | | 21 |  |  |  |  |  | | 22 |  |  |  |  |  | | 23 |  |  |  |  |  | | 24 |  |  |  |  |  | | 25 |  |  |  |  |  | | 26 |  |  |  |  |  | | 27 |  |  |  |  |  | | 28 |  |  |  |  |  | | 29 |  |  |  |  |  | | 30 |  |  |  |  |  | | 31 |  |  |  |  |  | | 32 |  |  |  |  |  | | 33 |  |  |  |  |  | | 34 |  |  |  |  |  | | 35 |  |  |  |  |  | | 36 |  |  |  |  |  | | 37 |  |  |  |  |  | | 38 |  |  |  |  |  | | 39 |  |  |  |  |  | | 40 |  |  |  |  |  | | 41 |  |  |  |  |  | | 42 |  |  |  |  |  | | 43 |  |  |  |  |  | | 44 |  |  |  |  |  | |

専更－２　続き

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | No | ID番号 | 初診日 | 診断名 | 主たる治療内容  （手術療法/放射線治療/  薬物療法/緩和医療 等） | 手術の担当  （原発巣切除術/  　頸部郭清術/  再建術） | | 年/月/日（西暦） | | 45 |  |  |  |  |  | | 46 |  |  |  |  |  | | 47 |  |  |  |  |  | | 48 |  |  |  |  |  | | 49 |  |  |  |  |  | | 50 |  |  |  |  |  | | 51 |  |  |  |  |  | | 52 |  |  |  |  |  | | 53 |  |  |  |  |  | | 54 |  |  |  |  |  | | 55 |  |  |  |  |  | | 56 |  |  |  |  |  | | 57 |  |  |  |  |  | | 58 |  |  |  |  |  | | 59 |  |  |  |  |  | | 60 |  |  |  |  |  | | 61 |  |  |  |  |  | | 62 |  |  |  |  |  | | 63 |  |  |  |  |  | | 64 |  |  |  |  |  | | 65 |  |  |  |  |  | | 66 |  |  |  |  |  | | 67 |  |  |  |  |  | | 68 |  |  |  |  |  | | 69 |  |  |  |  |  | | 70 |  |  |  |  |  | | 71 |  |  |  |  |  | |

専更－２　続き

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | No | ID番号 | 初診日 | 診断名 | 主たる治療内容  （手術療法/放射線治療/  薬物療法/緩和医療 等） | 手術の担当  （原発巣切除術/  　頸部郭清術/  再建術） | | 年/月/日（西暦） | | 72 |  |  |  |  |  | | 73 |  |  |  |  |  | | 74 |  |  |  |  |  | | 75 |  |  |  |  |  | | 76 |  |  |  |  |  | | 77 |  |  |  |  |  | | 78 |  |  |  |  |  | | 79 |  |  |  |  |  | | 80 |  |  |  |  |  | | 81 |  |  |  |  |  | | 82 |  |  |  |  |  | | 83 |  |  |  |  |  | | 84 |  |  |  |  |  | | 85 |  |  |  |  |  | | 86 |  |  |  |  |  | | 87 |  |  |  |  |  | | 88 |  |  |  |  |  | | 89 |  |  |  |  |  | | 90 |  |  |  |  |  | | 91 |  |  |  |  |  | | 92 |  |  |  |  |  | | 93 |  |  |  |  |  | | 94 |  |  |  |  |  | | 95 |  |  |  |  |  | | 96 |  |  |  |  |  | | 97 |  |  |  |  |  | | 98 |  |  |  |  |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | No | ID番号 | 初診日 | 診断名 | 主たる治療内容  （手術療法/放射線治療/  薬物療法/緩和医療 等） | 手術の担当  （原発巣切除術/  　頸部郭清術/  再建術） | | 年/月/日（西暦） | | 99 |  |  |  |  |  | | 100 |  |  |  |  |  | | 101 |  |  |  |  |  | | 102 |  |  |  |  |  | | 103 |  |  |  |  |  | | 104 |  |  |  |  |  | | 105 |  |  |  |  |  | | 106 |  |  |  |  |  | | 107 |  |  |  |  |  | | 108 |  |  |  |  |  | | 109 |  |  |  |  |  | | 110 |  |  |  |  |  | | 111 |  |  |  |  |  | | 112 |  |  |  |  |  | | 113 |  |  |  |  |  | | 114 |  |  |  |  |  | | 115 |  |  |  |  |  | | 116 |  |  |  |  |  | | 117 |  |  |  |  |  | | 118 |  |  |  |  |  | | 119 |  |  |  |  |  | | 120 |  |  |  |  |  | | 121 |  |  |  |  |  | | 122 |  |  |  |  |  | | 123 |  |  |  |  |  | | 124 |  |  |  |  |  | | 125 |  |  |  |  |  | |

専更－２　続き

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | No | ID番号 | 初診日 | 診断名 | 主たる治療内容  （手術療法/放射線治療/  薬物療法/緩和医療 等） | 手術の担当  （原発巣切除術/  　頸部郭清術/  再建術） | | 年/月/日（西暦） | | 126 |  |  |  |  |  | | 127 |  |  |  |  |  | | 128 |  |  |  |  |  | | 129 |  |  |  |  |  | | 130 |  |  |  |  |  | | 131 |  |  |  |  |  | | 132 |  |  |  |  |  | | 133 |  |  |  |  |  | | 134 |  |  |  |  |  | | 135 |  |  |  |  |  | | 136 |  |  |  |  |  | | 137 |  |  |  |  |  | | 138 |  |  |  |  |  | | 139 |  |  |  |  |  | | 140 |  |  |  |  |  | | 141 |  |  |  |  |  | | 142 |  |  |  |  |  | | 143 |  |  |  |  |  | | 144 |  |  |  |  |  | | 145 |  |  |  |  |  | | 146 |  |  |  |  |  | | 147 |  |  |  |  |  | | 148 |  |  |  |  |  | | 149 |  |  |  |  |  | | 150 |  |  |  |  |  | | 151 |  |  |  |  |  | | 152 |  |  |  |  |  | |

専更－２　続き

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| 学会参加証等貼付用紙  ＊ 学会参加証は、氏名と学会名等が確認できるように切り離さずに貼ってください。  ＊ 用紙不足の場合は、この用紙をコピーしてください。 （　　　枚のうち　　　枚） |
| 医療安全講習会受講証貼付用紙  ＊ 受講証は、氏名と学会名等が確認できるように切り離さずに貼ってください。 |
| 教育プログラム受講証貼付用紙  ＊ 受講証は、氏名と学会名等が確認できるように切り離さずに貼ってください。  ＊ 用紙不足の場合は、この用紙をコピーしてください。 （　　　枚のうち　　　枚） |