附件4《办事指南》

**办事指南**

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| 事项名称 | | | 医疗机构注销登记 | 事项编码 | | 基本编码 | | |  | | | |
| 实施编码 | | |  | | | |
| 事项类型 | | | 行政审批 | 服务对象 | | □自然人 □法人 | | | | | | |
| √自然人或法人 | | | | | | |
| 办理机构 | | | 县卫计局 | 服务层级 | | □市级 √县（区）级 | | | | | | |
| □镇（街）级 □村（社）级 | | | | | | |
| 受理条件 | | | 医疗机构歇业； | | | | | | | | | |
| 设定依据 | | | 1、《医疗机构管理条例》 条款：第二十一条  2、 《云南省医疗机构管理条例》 条款：第十九条 | | | | | | | | | |
| 审批条件 | | | 医疗机构歇业或者医疗机构终止医疗执业活动； | | | | | | | | | |
| 审批数量 | | | 无 | | | | | | | | | |
| 申请材料 | | | | | | | | | | | | |
| 序号 | 材料名称 | | | | | | 材料说明（要求） | | | 收件类型 | 收件份数 | 备注 |
| 1 | 《医疗机构申请注销登记注册书》 | | | | | | 必需 | | | 原件 | 1 |  |
| 2 | 《医疗机构执业许可证》正、副本 | | | | | | 必需 | | | 原件 | 1 |  |
| 3 |  | | | | | |  | | |  |  |  |
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| … |  | | | | | |  | | |  |  |  |
| 办理流程 | | 1. 受理申请材料审核 2. 办结收回《医疗机构执业许可证》正、副本原件  |  |  |  | | --- | --- | --- | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | | | | | | | |
| 收费标准和收费依据 | | 无收费 | | | | | | | | | | |
| 审批时限 | | 5天 | | | 申请接收 | | | 富民县政务局卫计窗口 | | | | |
| 结果物名称 | | 《行政许可决定书》 | | | 结果物有效期 | | |  | | | | |
| 咨询查询 | | 68818221 | | | 投诉渠道 | | | 68818221 | | | | |
| 材料空表 | | 《医疗机构申请注销登记注册书》 另附 | | | | | | | | | | |
| 材料样张 | |  | | | | | | | | | | |
| 结果样本 | | 《行政许可决定书》 另附 | | | | | | | | | | |
| 特别说明 | |  | | | | | | | | | | |