Approval No.: Z. ( ) No.

**Modification Registration Application of a Medical Institution**

|  |  |  |
| --- | --- | --- |
| Name of the medical institution |  | (Seal) |
| Registration No. |  |  |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |
| (Medical institution code) |  | |
| Legal representative |  | (Seal) |
| (Primary person in charge) |  |  |
|  | | |
| Date of application |  | **MM DD, YYYY** |

Prepared by Hainan Provincial Health Commission

**i. Modification Registration Application Items**

|  |  |  |
| --- | --- | --- |
| Item | Original approved item | Modification registration application item |
| Name |  |  |
| Address |  |  |
| Legal representative  (Primary person in charge) |  |  |
| Ownership form |  |  |
| Service recipient |  |  |
| Service mode |  |  |
| Registered capital | Total: | Total: |
| Fixed capital: | Fixed capital: |
| Current capital: | Current capital: |
| Diagnosis and treatment items |  |  |
| Sickbeds (dental chairs) |  |  |
| Remarks | | |

**ii. Submitted Documents, Certificates and Opinions from Superior Competent Authorities**

|  |  |
| --- | --- |
| Documents and certificates submitted for modification registration application |  |
| Reasons for modification registration application | Legal representative  (Primary person in charge) Signature:  MM DD, YYYY |
| Address of the medical institution:  Postal code: Contact: Tel.: | |
| Opinions signed by the superior competent authorities | MM DD, YYYY (Official seal) |

**iii. Acceptance, Review and Approval of the Modification Registration of a Medical Institution**

|  |  |
| --- | --- |
| Acceptance personnel opinion | Acceptance notification:  Signature: MM DD, YYYY |
| Review (investigation, verification) personnel opinion | Signature: MM DD, YYYY |

**Approval of Modification Registration Items**

|  |  |
| --- | --- |
| Registration No.: □□□□□□□□□□□□□□□□□□ | |
| Approval of Modification Registration Items | |
| Name | |
| Address | |
| Legal representative (primary person in charge) | |
| Ownership form | |
| Service recipient | |
| Service mode | |
| Registered capital | |
| Diagnosis and treatment items | |
| Sickbeds (dental chairs) | |
| Remarks: | |
| Opinion of the main reviewer | Signature: MM DD, YYYY |
| Opinion of the supervisor | Signature: MM DD, YYYY |
| Approval of the commission director | Signature: MM DD, YYYY |

**iv. Approval and Issuance of the *Practicing License for a Medical Institution* and Status of Archiving and Public Announcement**

|  |  |  |  |
| --- | --- | --- | --- |
| Registration No. (Medical institution code) □□□□□□□□□□□□□□□□□□ | | | |
| Date of approval | | | |
| Signature of the recipient |  | Date of receipt |  |
| Contact address |  | Tel. |  |
| Signature of the issuer |  | Date of issuance |  |
| Archiving of registration documents, certificates and materials | Signature of archive management personnel: MM DD, YYYY | | |
| Record of the publication of registration announcements of the medical institution | Signature of the recorder: MM DD, YYYY | | |
| Remarks |  | | |