Approval No.: Z. ( ) No.

**Modification Registration Application of a Medical Institution**

|  |  |  |
| --- | --- | --- |
| Name of the medical institution | **Name of the medical institution** | (Seal)**Note: Please affix the official seal** |
| Registration No. |  |  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 |
| (Medical institution code) | **Note: This should be identical with the registration number on the duplicate of the Practicing License for a Medical Institution.**  |
| Legal representative | **XXX** | (Seal)**Note: Please affix the personal seal** |
| (Primary person in charge) | **XXX** |  |
|  |
| Date of application | **MM DD, YYYY** |  |

Prepared by Hainan Provincial Health Commission

**i. Modification Registration Application Items**

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| --- | --- | --- |
| Item | Original approved item **Note: Fill in completely and comply with the content of the duplicate of the *Practicing License for a Medical Institution*.** | Modification registration application item**Note: Optional; only fill in the items applied for modifications.** |
| Name | **XXX** |  |
| Address | **XXX** |  |
| Legal representative(Primary person in charge) | **XXX** |  |
| Ownership form | **XXX** |  |
| Service recipient | **XXX** |  |
| Service mode | **XXX** |  |
| Registered capital | Total: **XXX** | Total:  |
| Fixed capital: **XXX** | Fixed capital: |
| Current capital: **XXX** | Current capital: |
| Diagnosis and treatment items | **XXX** |  |
| Sickbeds (dental chairs) | **XXX** |  |
| Remarks |

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

|  |  |
| --- | --- |
| Documents and certificates submitted for modification registration application | **Authentic and duplicate copies of the *Practicing License for a Medical Institution*****Supporting documents related to the modification** |
| Reasons for modification registration application | **Written by the applicant**Legal representative(Primary person in charge) Signature: **XXX** **MM DD, YYYY** |
| Address of the medical institution: **XX..., XX City, Hainan Province** **Note: This should be identical with the address on the duplicate of the Practicing License for a Medical Institution.** Postal code: **57XXXX** Contact: **XXX** Tel.: **0898-XXXXXXXX** |
| 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 |  |