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**

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