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| **RECURSOS HUMANOS** PROFESIONALES DE LA SALUD | | | | | | | | | | |
| **TITULAR / RAZON SOCIAL** | *NOMBRE* | | | | **DOMICILIO** | *DOMICILIO DEL ESTABLECIMIENTO* | | | | |
|
| **SERVICIO** | *SERVICIO* | | | | | | | | | |
| **DIRECTOR TECNICO** | **NOMBRE Y APELLIDO** | | *DIRECTOR TECNICO* | | **MATRÍCULA** | | *MATRICULA* | **TITULO/**  **ESPECIALIDAD** | *TITULO / ESPECIALIDAD* | |
| **NOMBRE**  **Y APELLIDO** | | **DNI** | | **TÍTULO/**  **ESPECIALIDAD** | | | | **N° MATRÍCULA** | **VENCIMIENTO** | **FIRMA Y SELLO** |
| *NOMBRE* | | *DNI* | | *ESPECIALIDAD* | | | | *MATRICULA* | ***FECHA*** |  |
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| **ESTE DOCUMENTO TIENE CARÁCTER DE DECLARACION JURADA** | | | | | | | | | | |
| **FIRMA Y SELLO DIRECTOR TECNICO** | | | | | | | | | | |