**FORMULIR PERMOHONAN PERIJINAN**

|  |  |  |
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| **A.DATA DIRI**  Isi dengan huruf cetak/besar | | |
| Nama | : | ............................................................................... |
| TTL | : | ............................................................................... |
| Alamat Lengkap | : | ............................................................................... |
|  |  | ................................................................................ |
| No HP/Telp/Wa | : | ............................................................................... |
| NIK | : | ............................................................................... |
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| **JENIS PERIJINAN**  \*Isi dengan cecklis | | | | | | | | | |
| 1 | NAKES | : |  | 5 | DOKTER KELUARGA | : |  |  |  |
| 2 | PIRT | : |  | 6 | APOTEK/TOKO OBAT | : |  |  |  |
| 3 | PKRT | : |  | 7 | BATRA | : |  |  |  |
| 4 | KLINIK | : |  | 8 | OPTIK | : |  |  |  |
|  |  |  |  | 9 | LAINYA | : | ............................................. | | |
|  |  |  |  |  |  |  |  |  |  |
|  | KETERANGAN |  |  |  |  |  |  |  |  |
|  | BARU | : |  |  |  |  |  |  |  |
|  | PERPANJANGAN | : |  |  |  |  |  |  |  |

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| TANGGAL PENGAJUAN | PETUGAS YANG MENERIMA | PEMOHON |
|  | Ttd | Ttd |
|  | ................................................. | .................................................... |

**B.NAKES**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| JENIS PROFESI | : | ..................................................... | | | | |  | | | |
| IJIN YANG DIURUS | : | SIP | | : |  | | | | |
|  |  | SIK | | : |  | | | | |
|  |  | Lainya | | : | Sebutkan...................................................................... | | | | |
|  |  | Baru | | : |  | | | | |
|  |  | Perpanjangan | | : |  | | | | |
|  |  |  | |  | No.SIP/SIK lama............................................................ | | | | |
| NO.STR | : | ..................................................... | | | | | | | |
| TEMPAT BEKERJA | : | .................................................... | | | |  | | | | |
| TEMPAT PRAKTIK |  |  | Nama | | | Alamat | | |
|  | : | 1 | .......................................... | | | * ........................................ | | |
|  |  | 2 | .......................................... | | | * ....................................... | | |
|  |  | 3 | .......................................... | | | * ........................................ | | |
| PENDIDIKAN | : | Jenjang  .................................................... | | | | Nama Universitas  ......................................................................... | | | | |
|  |  |  | | | |  | | | | |
| KELENGKAPAN BERKAS | : | 1. Copi Ijazah | | | |  | |
|  |  | 2. Copi KTP | | | |  | |
|  |  | 3.Rekomendasi Org.Profesi | | | |  | |
|  |  | 4.Pas foto 4x6 warna, 6 lembar | | | |  | |
|  |  | 5.Copi STR | | | |  | |

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| TANGGAL PENGAJUAN | PETUGAS YANG MENERIMA | PEMOHON |
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