

**ASSOCIAÇÃO PIAUIENSE DE HABILITAÇÃO, REABILITAÇÃO E READAPTAÇÃO****PORTARIA Nº 019/2024****COMISSÃO DO PROCESSO SELETIVO Nº 002/2024**

A **Associação Piauiense de Habilitação, Reabilitação e Readaptação – ASSOCIAÇÃO REABILITAR**, inscrita no CNPJ Nº 07.995.466/0001-13, personalidade jurídica de direito privado, sem fins lucrativos, de interesse coletivo e de caráter assistencial de atenção à saúde, qualificada como Organização Social pelo Decreto Estadual Nº 12.286/06 e Decreto Municipal Nº 14.526/14. Reconhecida como Utilidade Pública Municipal pela lei nº 3.777/08, Estadual pela Lei Ordinária Nº 5.851/09, Instituição Certificada como Entidade Beneficente à Assistência Social – CEBAS, conforme Portaria Nº 111/18 e qualificada como Centro de Reabilitação III (CER III), por oferecer as Reabilitações/Habilitações Física, Intelectual e Auditiva, gestora do Centro Integrado de Reabilitação – CEIR, Sistema de Transporte Eletivo de Pacientes e Nova Maternidade Dona Evangelina Rosa, neste ato representada por seu Superintendente Executivo, **Sr. Aderson Luz Carvalho**, pelo presente instrumento e em conformidade com o Estatuto da Associação Reabilitar, no uso de suas atribuições legais, através desta Portaria:

**RESOLVE:**

**Art. 1º** - Nomear a **COMISSÃO INTERNA DO PROCESSO SELETIVO SIMPLIFICADO N. 002/2024 DA ASSOCIAÇÃO REABILITAR**, tendo por finalidade a seleção de profissionais para contratação de Enfermeiro Neonatologista e Técnico de Enfermagem para a Nova Maternidade Dona Evangelina Rosa.

1. Ozirina Maria da Costa Martins - Presidente
2. Ana Paula Lima de Oliveira - Membro
3. Bruna Themis Dantas de Melo - Membro
4. Kelly Ohana Meireles Sales - Membro
5. Maria Clara Flores - Membro
6. Maricele Salviano Pires - Membro
7. Valessa de Lima Ximenes - Membro

**Art. 2º** - Esta portaria entra em vigor a partir de **29 de fevereiro de 2024** e terá validade por tempo indeterminado.

Teresina (PI), 29 de fevereiro de 2024.

*Aderson Luz Carvalho*

**Aderson Luz Carvalho**

Superintendente Executivo – Associação Reabilitar



Qualificada como Organização Social – Decreto Estadual nº 12.286/2006  
Qualificada como Organização Social – Lei Municipal nº 4.614/2014  
Entidade de Utilidade Pública e Interesse Social – Lei Estadual nº 5.851/2009  
Entidade de Utilidade Pública e Interesse Social – Lei Municipal nº 3.777/2008

Av. Higino Cunha, nº 1515, Bairro Ilhotas  
CEP: 64.014-220 | Teresina-PI  
Fones: (86) 3198-1500/ (86) 3232-0353  
CNPJ: 07.995.466/0001-13

**Certificado de Conclusão**

Identificação de envelope: 6DB7A41EDEE8459CB00381E85865FC63  
 Assunto: PORTARIA N° 019\_2024 - Comissão processo seletivo enfermagem  
 Envelope fonte:  
 Documentar páginas: 1  
 Certificar páginas: 4  
 Assinatura guiada: Ativado  
 Selo com Envelopeld (ID do envelope): Ativado  
 Fuso horário: (UTC-03:00) Brasília

Status: Concluído

Remetente do envelope:  
 Maricele Salviano Pires  
 Av. Higinio Cunha, 1515 - Ilhotas  
 Teresina, PI 61014-220  
 maricele.pires@reabilitar.org.br  
 Endereço IP: 201.71.217.13

**Rastreamento de registros**

Status: Original  
 29/02/2024 10:03:37

Portador: Maricele Salviano Pires  
 maricele.pires@reabilitar.org.br

Local: DocuSign

**Eventos do signatário**

Aderson Luz Carvalho  
 aderson.luz@reabilitar.org.br  
 Nível de segurança: E-mail, Autenticação da conta  
 (Nenhuma)

**Assinatura**


Adoção de assinatura: Estilo pré-selecionado  
 Usando endereço IP: 179.224.181.90  
 Assinado com o uso do celular

**Registro de hora e data**

Enviado: 29/02/2024 10:41:37  
 Visualizado: 29/02/2024 16:57:27  
 Assinado: 29/02/2024 16:57:40

**Termos de Assinatura e Registro Eletrônico:**

Aceito: 29/02/2024 16:57:27  
 ID: 625c6a0e-5cf4-429d-86a3-303f6f5dad5b

**Eventos do signatário presencial****Assinatura****Registro de hora e data****Eventos de entrega do editor****Status****Registro de hora e data****Evento de entrega do agente****Status****Registro de hora e data****Eventos de entrega intermediários****Status****Registro de hora e data****Eventos de entrega certificados****Status****Registro de hora e data****Eventos de cópia****Status****Registro de hora e data****Eventos com testemunhas****Assinatura****Registro de hora e data****Eventos do tabelião****Assinatura****Registro de hora e data****Eventos de resumo do envelope****Status****Carimbo de data/hora**

Envelope enviado	Com hash/criptografado	29/02/2024 10:41:37
Entrega certificada	Segurança verificada	29/02/2024 16:57:27
Assinatura concluída	Segurança verificada	29/02/2024 16:57:40
Concluído	Segurança verificada	29/02/2024 16:57:40

**Eventos de pagamento****Status****Carimbo de data/hora****Termos de Assinatura e Registro Eletrônico**

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, HCITIS ISV OBO ASSOCIAÇÃO PIAUIENSE DE HABILITAÇÃO, REABILITAÇÃO, READAPTAÇÃO (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

**How to contact HCITIS ISV OBO ASSOCIAÇÃO PIAUIENSE DE HABILITAÇÃO, REABILITAÇÃO, READAPTAÇÃO:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [maricele.pires@reabilitar.org.br](mailto:maricele.pires@reabilitar.org.br)

**To advise HCITIS ISV OBO ASSOCIAÇÃO PIAUIENSE DE HABILITAÇÃO, REABILITAÇÃO, READAPTAÇÃO of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [maricele.pires@reabilitar.org.br](mailto:maricele.pires@reabilitar.org.br) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

**To request paper copies from HCITIS ISV OBO ASSOCIAÇÃO PIAUIENSE DE HABILITAÇÃO, REABILITAÇÃO, READAPTAÇÃO**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [maricele.pires@reabilitar.org.br](mailto:maricele.pires@reabilitar.org.br) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with HCITIS ISV OBO ASSOCIAÇÃO PIAUIENSE DE HABILITAÇÃO, REABILITAÇÃO, READAPTAÇÃO**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [maricele.pires@reabilita.org.br](mailto:maricele.pires@reabilita.org.br) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify HCITIS ISV OBO ASSOCIAÇÃO PIAUIENSE DE HABILITAÇÃO, REABILITAÇÃO, READAPTAÇÃO as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by HCITIS ISV OBO ASSOCIAÇÃO PIAUIENSE DE HABILITAÇÃO, REABILITAÇÃO, READAPTAÇÃO during the course of your relationship with HCITIS ISV OBO ASSOCIAÇÃO PIAUIENSE DE HABILITAÇÃO, REABILITAÇÃO, READAPTAÇÃO.