

PORTARIA Nº 064/2024
COMISSÃO DO PROCESSO SELETIVO SIMPLIFICADO Nº 010/2024

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 Nº 010/2024 DA ASSOCIAÇÃO REABILITAR**, tendo por finalidade a seleção de profissionais para contratação de Médico Neuropediatra, Psiquiatra Infantil e Oftalmologista para o Centro Integrado de Reabilitação - CEIR.

1. Luciana Mousinho Leite Cardoso - Presidente
2. Ana Paula Lima de Oliveira - Membro
3. Bruna Themis Dantas de Melo - Membro
4. Jefferson Thiago Pegado Barbosa - Membro
5. Kelly Ohana Meireles Sales - Membro
6. Lia Raquel Pereira Vieira - Membro
7. Maria Clara Costa Flores - Membro
8. Maricele Salviano Pires - Membro

Art. 2º - Esta portaria entra em vigor a partir de **01 de agosto de 2024** e terá validade por tempo indeterminado.

Teresina (PI), 01 de agosto de 2024.

Aderson Luz Carvalho

Aderson Luz Carvalho

Superintendente Executivo da Associação Reabilitar



Certificado de Conclusão

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 Av. Higinio Cunha, 1515 - Ilhotas
 Teresina, PI 61014-220
 maricele.pires@reabilitar.org.br
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Eventos do signatário**Assinatura****Registro de hora e data**

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



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