







PROCESSO SELETIVO Nº 13/2024

RESULTADO FINAL DO PROCESSO SELETIVO PARA CADASTRO DE RESERVA

CARGO: ENFERMEIRO OBSTETRA		
ORDEM DE CLASSIFICAÇÃO	NOME	
1°	EMANUEL THOMAZ DE AQUINO OLIVEIRA	
2°	TALITA RIBEIRO ALGARVES	
3°	TATIANE FONSECA PEREIRA	
4°	JÉSSICA KEILANY DO NASCIMENTO FONSECA	
5°	CLAUDELY DO NASCIMENTO LIMA	
6°	FRANCISCO SAMUEL ANDRADE DE ALENCAR CAMPELO	
7°	PATRICYA RAYANE AZEVEDO ALVES ARAUJO	
8°	FABIANA MENDES FERREIRA	
9°	VANESSA GONÇALVES DA SILVA ALVES	
10°	VANESSA LEAL LIRA	
11°	ANA ALICE SILVA DA NÓBREGA	
12°	BEATRIZ DE JESUS LOPES FERREIRA	
13°	WILLIANNE CRYSTHINE COELHO	
14°	DIEGO RUBENS ALVES DE SENA	
15°	YONE MARA ROCHA JANSEN E SILVA	
16°	LAYZA KELLY DE JESUS SILVA	

Aderson Luz Carvalho
Superintendente Executivo da Associação Reabilitar

Teresina - PI, 17 de dezembro de 2024. Comissão Organizadora do Processo Seletivo N° 13/2024.





Certificado de Conclusão

Identificação de envelope: A3B206FC-84B7-4A95-9713-50AB31FEDD2F

Assunto: RESULTADO FINAL DO PROCESSO SELETIVO 13.2024.pdf

Envelope fonte:

Documentar páginas: 1 Certificar páginas: 4

Assinatura guiada: Ativado Selo com Envelopeld (ID do envelope): Ativado

Fuso horário: (UTC-03:00) Brasília

Assinaturas: 1 Rubrica: 0 Status: Concluído

Remetente do envelope: Ana Paula Lima de Oliveira Av. Higinio Cunha, 1515 - Ilhotas

Teresina, PI 61014-220 ana.lima@reabilitar.org.br Endereço IP: 201.71.218.70

Rastreamento de registros

Status: Original

13/12/2024 17:16:36

Portador: Ana Paula Lima de Oliveira ana.lima@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 concluída

Eventos de pagamento

Termos de Assinatura e Registro Eletrônico

Concluído

Aderson luz Carvallio

Assinatura

Adoção de assinatura: Estilo pré-selecionado Usando endereço IP: 179.224.176.126

Assinado com o uso do celular

Segurança verificada

Segurança verificada

Status

Enviado: 13/12/2024 17:18:14 Reenviado: 13/12/2024 17:31:03 Visualizado: 13/12/2024 17:31:32

Assinado: 13/12/2024 17:31:51

13/12/2024 17:31:51

13/12/2024 17:31:51

Carimbo de data/hora

Registro de hora e data

Termos de Assinatura e Registro Eletrônico:

Aceito: 13/12/2024 17:31:32

ID: b8f0baaf-8f25-40d2-88f1-e8a3b695b051

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 Entrega certificada	Com hash/criptografado Segurança verificada	13/12/2024 17:18:14 13/12/2024 17:31:32

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

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 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 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@reabilitar.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.