



REQUEST concerning the issue of a certificate to be used in the recognition of the diploma, qualification in another country

I'm (name) applying for the following certificate(s) that I need to get my diploma, qualification recognised in(name of the host country). (Please put an X before the requested certificates):

- certificate of conformity issued for doctors, specialists in medicine, dentists, specialists in dentistry, pharmacists, nurses, midwives (with reference to Article 24., 25., 28., 29., 31., 34., 35., 40-41., 44. of Directive 2005/36/EC)
 certificate of acquired rights issued for doctors, specialists in medicine, dentists, specialists in dentistry, pharmacists, nurses, midwives (with reference to Article 23., 27., 30., 33., 37., 43. of Directive 2005/36/EC)
 certificate which attests the length of the healthcare activity pursued in Hungary
 certificate of good standing (Pursuant to Section. 110/A of Act CLIV of 1997)
 certificate which attests the level of the qualification (with reference to Article 11. of Directive 2005/36/EC)
 other

Personal data (Please write with capitals)

Surname:
Given name:
Name at birth:
Mother's maiden name:
Place and date of birth:
Registered address:
Postal address:
Telephone:
E-mail:
Basic register number:

I enclose the following documents (Please put an X before the selected ones):

- copy of the passport/ID card
 copy of the proof of evidence concerning the applicant's registered address
 copy of the diploma/qualification
 fee (by postal cheque or bank transfer)
 original certificate from the employer or its certified copy (in case of the certificate of acquired rights, or in case of the certificate which attests the length of the healthcare activity pursued in Hungary)
 other

I'd like to get the issued certificates (Please put an X before the selected one):

- personally
 by post
 by an authorised person (please attach an authorisation)
 other way:

Other remarks, requests:

I hereby declare that the information contained in my application are true, and I agree with the use of the aforementioned data by the Center with regards to my application. Furthermore, I authorise the Center to obtain the necessary information from the competent authority in connection with the Certificate of Good Standing.

Date:

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signature