

***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:.....
Surname at birth: Given name at birth:.....
Mother's surname at birth: Mother's given name at birth:.....
Place of birth: Date of birth:.....
Registered address:
Postal address:
E-mail: Telephone:.....
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 diploma/qualification
- fee (by postal cheque or bank transfer)
- original certificate from the employer or its certified copy (*necessary only 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:

The language of the requested certificates (*Please, put an X before the selected one*):

- in English
- in Hungarian

I would like to get the issued certificates (*Please, put an X before the selected one*):

- personally or by an authorised person
- by post
- via e-mail (scanned)

- I hereby declare, that I have a foreign (non Hungarian) nationality, furthermore I do not intend to pursue any healthcare activity in Hungary.**

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 authority with regards to my application. Furthermore, I authorise the authority to obtain the necessary information from the competent authority in connection with the Certificate of Good Standing.

Date:

.....
signature