

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 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 (Pursuant to Section 60/C of Act C of 2001 and 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 (Pursuant to Section 60/B of Act C of 2001 and with reference to Article 23., 27., 30., 33., 37., 43. of Directive 2005/36/EC)
- a certificate which attests the length of the healthcare activity pursued in Hungary (Pursuant to Section 60/B of Act C of 2001)
- a certificate of good standing (Pursuant to Section. 110/A of Act CLIV of 1997)
- a certificate which attests the level of the qualification (Pursuant to Section 60/A of Act C of 2001)
- other

Personal data (Please write with capitals)

Surname:
Given name:.....
Name at birth:
Mother's maiden name:
Place and date of birth:
Registered address:
Mailing 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 Hungarian Police Record or its certified copy
- original certificate from the employer or its certified copy
- 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 Office with regards to my application.

Date:

.....
signature