

Vzdělávání lékařských zdravotnických pracovníků

Formuláře žádostí

Dotaz na stav žádosti

Vzdělávání nelékařských zdravotnických pracovníků

Formuláře žádostí

Dotaz na stav žádosti

Akreditovaná zařízení

Akreditace lékařských oborů

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Dotaz na stav žádosti

Akreditace nelékařských oborů

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Dotaz na stav žádosti

Rezidenční místa

Evidence zdravotnických pracovníků

 Uložit a tisk

After saving the request stored in the system and can not be changed or further corresponden

APPLICATION

 (according to par. 42 subpar. 1- 6 Act. No. 95/2004 Coll. – to perform the medical profes
 to issue the certificate for performing the medical profession abroad

Pokyny k vyplnění žádosti

Confirming

the basic qualification to perform the medical profession:

 Physician Dentist Pharmacist

Choose one of the options

 Country for which the "Certificate" will be issued:

Check at least one of the options

- a) that the basic qualification received in the Czech Republic is in accordance with the law of European Community and Directives
- b) the specialist qualification in the field of , received in the Czech Republic, is in accordance with the law of European Communities and Directive of 2005/36/ES
- c) the length of basic medical training or performance of the medical profession in the Czech Republic

Personal data

 * Degree, Firstname, Lastname
 Former surname
* Birthday (format: dd.mm.yyyy)* Personal Identification number Insert without slash* Place of birth * Citizenship
 Identification number Uvést v případě, že bylo identifikační číslo v informačním systému Ministerstva zdravotnictví vygenerováno

Contact

Cell phone E-mail Phone

Data box

 I am a private individual, individual entrepreneur or legal entity and I have data box available according to bill no. 300/2008 Sb. regarding electronic acts and authorized document conversion. Public authority will deliver the document in the data box, according to the nature of the document.

* Address of permanent residence

Addressee Street h.n. č.or. ZIP City City part District Country
 Contact address is different than the address of permanent residence

ad a) the basic qualification

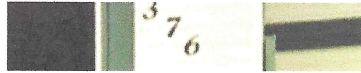
Higher education:

* University * Faculty * Country Program * Field of qualification * Diploma number * Issue date (format: dd.mm.yyyy)

Přílohy k žádosti

Declaration on the provision of personal data and the accuracy of those data

- I agree that for an unlimited period the Czech Republic - Ministry of Health, respectively its entrusting organisation, can use a information I have supplied for the purpose which is followed by this application and for the purpose of keeping a publicly avail medical health professionals. This all is in accordance with relevant provisions of the Act no. 101/2000 Coll., about privacy poli amendment of certain acts, as amended. I also agree that the information above may be provided or disclosed to the third par
- I proclaim that **all information** mentioned in the application **are correct, full and true**



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[^ Nahoru](#)
* označuje povinný údaj

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