**ANNEX III – Application for recognition of professional qualification on the basis of coordination of minimum training conditions**

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| 1. PERSONAL DATA
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Name:

Surname:

Date of birth:

Place of birth:

Citizenship:

Identity document:

Number:

Place and date of issue:

Expiration date:

Address of residence in the country of origin:

Address of residence in Republic of Slovenia:

Telephone:

E-mail:

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| 1. ABOUT THE PROCEDURE PLEASE INFORM ME
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By post mail:

By fax:

By e-mail:

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| 1. REGULATED PROFESSION
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I am asking for recognition of qualifications to perform the following regulated profession (circle):

1. Doctor
2. Doctor - specialist; field of specialization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Nurse
4. Dentist
5. Dentist - specialist; field of specialization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Midwife
7. Veterinary surgeon
8. Pharmacists
9. Architect

Are you qualified in EU Member State, EEA or Swiss confederation of origin for pursuing above mentioned regulated profession? (circle) YES/NO

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| 1. DATA ON EDUCATION AND TRAINING
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Name of the education institution (in native language):

Address of the education institution:

Country:

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| 1. ATTACHED DOCUMENTS
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State all documents that you have attached to this application

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Date:

Signature of the candidate: