NATIONAL
DIRECTORATE GENERAL
FOR HOSPITALS

Directorate of Human Resources Policy
Department of Human Resources Registration
recognition@okfo.gov.hu

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

☐ **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