

**VLOGA ZA AVTOMATIČNO PRIZNANJE POKLICNE KVALIFIKACIJE NA PODLAGI
USKLAJENIH MINIMALNIH POGOJIH USPOSOBLJENOSTI**

**(Zakon o postopku priznavanja poklicnih kvalifikacij za opravljanje reguliranih poklicev,
Uradni list RS, št. 39/16, 92/21 in 76/23).**

*/APPLICATION FOR AUTOMATIC RECOGNITION OF PROFESSIONAL QUALIFICATIONS BASED ON THE ACCEPTED
MINIMUM QUALIFICATION CONDITIONS (Act on the Procedure for the Recognition of Professional Qualifications for the
Pursuit of Regulated Professions (Official Gazette of the Republic of Slovenia, No. 39/16, 47/19 92/21 and 76/23)/*

1.OSEBNI PODATKI

/PERSONAL DATA/

IME

/NAME/

PRIIMEK

/SURNAME/

DATUM ROJSTVA

/DATE OF BIRTH/

KRAJ ROJSTVA

/PLACE/BIRTH/

DRŽAVLJANSTVO

/CITIZENSHIP/

OSEBNI DOKUMENT

/IDENTITY DOCUMENT/

KDAJ IN KJE JE BIL IZDAN
(osebni dokument)

*/WHEN AND WHERE IT WAS ISSUED
(identity document)/*

DO KDAJ VELJA
(osebni dokument)

/VALID UNTIL (identity document)/

NASLOV STALNEGA
PREBIVALIŠČA

/ADDRESS OF PERMANENT RESIDENCE/

NASLOV PREBIVALIŠČA V
SLOVENIJI

/ADDRESS OF RESIDENCE IN SLOVENIA/

TELEFON

/PHONE NUMBRE/

ELEKTRONSKA POŠTA

/EMAIL/

NASLOV ZA VROČANJE

/ADDRESS FOR SERVICE/

2. REGULIRANI POKLIC

/REGULATED PROFESSION/

PROSIM ZA PRIZNANJE POKLICNE
KVALIFIKACIJE ZA OPRAVLJANJE
REGULIRANEGA POKLICA (obkrožite)

*/I apply for recognition of professional
qualification to practice a regulated
profession (circle)/*

- a) zdravnik */doctor of medicine/*
b) zdravnik - specialist; področje specializacije:

/specialist doctor of medicine; area of specialty/

- c) diplomirana medicinska sestra */general care nurse*
d) doktor dentalne medicine */ doctor of dental medicine/*
e) doktor dentalne medicine – specialist

/specialist doctor of dental medicine, area of specialty/

- f) diplomirana babica */midwife/*
g) magister farmacije */pharmacist/*

Ali ste v državi članici EU iz katere prihajate kvalificirani za opravljanje zgoraj navedenega reguliranega poklica (obkrožite)?

/Are you qualified in the EU Member State from which you come to do the above regulated profession (circle)?/

da */yes/*

ne */no/*

3. PODATKI O IZOBRAŽEVANJU IN USPOŠABLJANJU

/INFORMATION ON EDUCATION AND TRAINING/

IME IZOBRAŽEVALNE USTANOVE
(v matičnem jeziku)

*/NAME OF THE EDUCATIONAL INSTITUTION
(in the mother language)/*

NASLOV IZOBRAŽEVALNE
USTANOVE

*/ADDRESS OF THE EDUCATIONAL
ESTABLISHMENT/*

DRŽAVA

/COUNTRY/

4. DOKAZILA (obvezne priloge za popolno vlogo)

/ Documents to be enclosed with the application /

vloga na predpisanem obrazcu,

/an application on the prescribed form/

dokazilo o zaključenem študijskem programu v tujini,

/evidence of completion of the study programme abroad/

dokazilo o opravljenem strokovnem izpitu v tujini (v kolikor država članica EU predvideva strokovni izpit),

/evidence of having passed a certification examination abroad (if the EU Member State requires a certification examination)/

dokazilo o opravljenem specialističnem izpitu v tujini (v kolikor je potrebno za opravljanje zdravstvene dejavnosti opraviti specialistični izpit),

/evidence of having passed a specialist examination abroad (if a specialist examination is required to provide healthcare services)/

potrdilo o skladnosti poklicne kvalifikacije z Direktivo 2005/36/ES, ki ga izda pristojni državni organ v članici EU, kjer je stranka pridobila poklicno kvalifikacijo,

/a certificate of conformity of the professional qualification with Directive 2005/36/EC issued by the competent national authority in the EU Member State in which the applicant obtained the professional qualification/

fotokopija osebnega dokumenta

/a photocopy of the identity document/

Vsa dokazila v tujem jeziku morajo biti prevedena v slovenski jezik po uradnem sodnem tolmaču.

/All supporting documents must be submitted in the form of a photocopy of the original, accompanied by a translation into the Slovenian language by an official court interpreter if the original text is in a foreign language./

Za overjen prevod se upošteva prevod s strani uradnega sodnega tolmača, ki je overjen s strani pristojnega organa.

/A translation by an official court interpreter certified by the competent authority is considered a certified translation./

Izpolnjeni vlogi in prilogam je potrebno predložiti tudi **potrdilo o plačilu upravne takse** v višini 50 EUR na račun Ministrstva za zdravje RS, Štefanova 5, 1000 Ljubljana, podračun JFP, št. računa 01100 - 1000315637 in sklic 11 27111 - 7111002-16 (za plačilo iz tujine SWIFT: BSLJSI2X, IBAN: SI56 01100-1000315637, delivery account 11 27111 -7111002-16).

/ The completed application and any supporting document must be accompanied by evidence of payment of an administrative fee of 50 EUR, information on bank account: Ministry of health, Štefanova ulica 5, 1000 Ljubljana, SWIFT: BSLJSI2X, IBAN: SI56 01100-1000315637, delivery account 11 27111 -7111002-16/

Vlogo in pripadajoča dokazila pošljete po pošti na naslov: Ministrstvo za zdravje, Štefanova ulica 5, 1000 Ljubljana ali na elektronski naslov gp.mz@gov.si

/ Applications must be submitted by email to the Ministry's address: gp.mz@gov.si or by registered mail to the Ministry of Health, Štefanova ulica 5, 1000 Ljubljana./

Datum */date/*: _____

Podpis osebe */signature/*: _____