

POTRDITEV ENAKOVREDNOSTI PROGRAMA PRIPRAVNIŠTVA

(Pravilnik o pripravništvu in strokovnih izpitih zdravstvenih delavcev in zdravstvenih sodelavcev na področju zdravstvene dejavnosti, Uradni list RS, št. 76/22, 58/23, 97/23 88/24 in 40/25 – ZPPKZD)

CONFIRMATION OF EQUIVALENCE OF THE INTERNSHIP PROGRAM

(Rules on traineeships and professional examination of healthcare and allied professionals in healthcare services (Official Gazette of the Republic of Slovenia [Uradni list RS], No 76/22, 58/23, 97/23, 88/24 and 40/25 – ZPPKZD; hereinafter: the Rules).

1. OSEBNI PODATKI:

/PERSONAL DATA/

IME

/NAME/

PRIIMEK

/SURNAME/

DATUM ROJSTVA

/DATE OF BIRTH/

KRAJ ROJSTVA

/PLACE OF BIRTH/

ELEKTRONSKA POŠTA

/EMAIL/

NASLOV ZA VROČANJE

/ADDRESS FOR SERVICE/

2. PODATKI O DELODAJALCU (IZVAJALCU PRIPRAVNIŠTVA) / INFORMATION ABOUT THE EMPLOYER (INTERNSHIP PROVIDER)/

URADNI NAZIV DELODAJALCA, KJER
BOSTE OPRAVLJALI PRIPRAVNIŠTVO
/OFFICIAL NAME OF THE EMPLOYER WHERE YOU
WILL BE DOING YOUR INTERNSHIP /

NASLOV DELODAJALCA

/ADDRESS OF THE EMPLOYER /

PRIPRAVNIŠTVO ZA POKLIC

/ INTERNSHIP FOR PROFESSION/

3. DOKAZILA (obvezne priloge za popolno vlogo)

/ Documents to be enclosed with the application /

☐ dokazilo o zaključenem izobraževalnem programu v Republiki Sloveniji,

/evidence of completion of the study programme in Republic of Slovenia/

☐ predlog programa pripravništva, ki ga pripravi delodajalec,

/proposal for an internship program prepared by the employer

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 22,60 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 22,60 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 na elektronski naslov gp.mz@gov.si ali po pošti na naslov: Ministrstvo za zdravje, Štefanova ulica 5, 1000 Ljubljana ali

/ 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/: _____