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 /

☐vloga na obrazcu,

/an application on the form/

☐dokazilo o zaključenem izobraževalnem programu v Republiki Sloveniji,

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

☐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)/

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 acount: 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/*:_____