

VLOGA ZA POSTOPEK S PONUDBO ZA DELO V RS ZA ZDRAVNIK, ZDRAVNIK SPECIALIST, DOKTOR DENTALNE MEDICINE IN DOKTOR DENTALNE MEDICINE SPECIALIST

(Zakon o priznavanju poklicnih kvalifikacij zdravnik, zdravnik specialist, doktor dentalne medicine in doktor dentalne medicine specialist, Uradni list RS, št. 107/10, 40/17 – ZZdrS-F in 203/20 – ZIUPOPDVE).

/APPLICATION FOR PROCEDURE WITH AN OFFER OF EMPLOYMENT IN THE REPUBLIC OF SLOVENIA FOR THE PROFESSION OF MEDICAL DOCTOR, SPECIALIST DOCTOR, DOCTOR OF DENTAL MEDICINE OR SPECIALIST DOCTOR OF DENTAL MEDICINE (Act on the Recognition of Professional Qualifications for Medical Doctors, Specialist Doctors, Doctors of Dental Medicine and Specialist Doctors of Dental Medicine (Official Gazette of the Republic of Slovenia [Uradni list RS], Nos 107/10, 40/17 – ZZdrS-F and 203/20 – ZIUPOPDVE; hereinafter: the ZPPKZ)/

1.OSEBNI PODATKI

/PERSONAL DATA/

IME

/NAME/

PRIIMEK

/SURNAME/

DATUM ROJSTVA

/DATE OF BIRTH/

KRAJ ROJSTVA

/PLACE OF 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 NUMBER/

ELEKTRONSKA POŠTA
/EMAIL/

2. OBVEŠČANJE O POTEKU POSTOPKA */INFORMATION ON THE PROGRESS OF PROCEEDINGS/*

PO POŠTI (navedite naslov)
/BY MAIL/ (specify the address)/

PO ELEKTRONSKI POŠTI (navedite
naslov elektronske pošte)
/BY EMAIL (specify e-mail address)/

3. VLOGA */APPLICATION/*

PROSIM ZA PRIZNANJE POKLICNE
(obkrožite)
*/ I ASK FOR PROFESSIONAL RECOGNITION
(circle)/*

- ZDRAVNIK */Doctor of medicine/*
- ZDRAVNIK SPECIALIST (navedite vrsto specializacije, za katero
vlagate vlogo)

/Doctor of medicine specialist, area of specialty/

- DOKTOR DENTALNE MEDICINE */Doctor of dental medicine/*
- DOKTOR DENTALNE MEDICINE SPECIALIST (navedite vrsto
specializacije, za katero vlagate vlogo)

/Doctor of dental medicine specialist, area of speciality/

4. PODATKI O USPOSABLJANJU */TRAINING DETAILS/*

A) PODATKI O OSNOVNEM IZOBRAŽEVANJU */INFORMATION ON BASIC EDUCATION/*

IME IZOBRAŽEVALNE USTANOVE,
KJER STE ZAKLJUČILI
IZOBRAŽEVANJE
*/NAME OF THE EDUCATIONAL
ESTABLISHMENT WHERE YOU COMPLETED
YOUR EDUCATION/*

NASLOV IZOBRAŽEVALNE
USTANOVE
*/ADDRESS OF THE EDUCATIONAL
ESTABLISHMENT/*

DRŽAVA <i>/COUNTRY/</i>	
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ČAS TRAJANJA ŠTUDIJA <i>/ADDRESS OF THE EDUCATIONAL ESTABLISHMENT/</i>	
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B) PODATKI O PRIPRAVNISTVU

/TRAINEESHIP DETAILS/

Ali ste opravili pripravništvo (obkrožite):

/Have you done a traineeship (circle):/

da */yes/*

ne */no/*

ČAS TRAJANJA OPRAVLJENEGA PRIPRAVNISTVA <i>/DURATION OF THE TRAINEESHIP/</i>	
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C) PODATKI O SPECIALISTIČNEM USPOSABLJANJU

/INFORMATION ON SPECIALIST TRAINING/

NASLOV SPECIALIZACIJE (navedite naslov specializacije, ki ste jo opravili) <i>/SPECIALIZATION TITLE (indicate the address of the specialization you have passed)/</i>	
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ČAS TRAJANJA PROGRAMA SPECIALIZACIJE <i>/DURATION OF THE SPECIALISATION PROGRAMME/</i>	
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DRŽAVA <i>/COUNTRY/</i>	
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5. PODATKI O IZVAJALCU */INFORMATION ABOUT THE CONTRACTOR/*

NAZIV IZVAJALCA, KI JE PODAL PONUDBO ZA DELO <i>/NAME OF THE CONTRACTOR WHO MADE THE JOB OFFER/</i>	
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PODROČJE ZA KATEREGA JE BILA PONUDBA PODANA <i>/THE AREA FOR WHICH THE OFFER WAS MADE/</i>	
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6. DOKAZILA (obvezne priloge za popolno vlogo)

/Documents to be enclosed with the application/

dokazilo o zaključenem študiju na medicinski fakulteti v tujini,

/evidence of completion of the study programme abroad/

dokazilo o vsebini in poteku študijskega programa v tujini,

/evidence of the content and progress of the study programme completed abroad/

ponudba za delo v Republiki Sloveniji,

/a job offer in the Republic of Slovenia/

dokazilo o opravljenem specialističnem izpitu v tujini (v kolikor stranka poda vlogo za priznanje poklicne kvalifikacije zdravnik/doktor dentalne medicine specialist)

/evidence of having passed a specialist examination abroad (if the applicant is applying for the recognition of professional qualification as a specialist doctor of medicine/specialist doctor of dental medicine)/

dokazilo o vsebini in poteku specializacije v tujini (v kolikor stranka poda vlogo za priznanje poklicne kvalifikacije zdravnik/doktor dentalne medicine specialist)

/evidence of the content and progress of the specialisation attained abroad (if the applicant is applying for the recognition of professional qualification as a specialist doctor of medicine/specialist doctor of dental medicine)/

program opravljenega pripravništva v tujini (v kolikor stranka poda vlogo za priznanje poklicne kvalifikacije zdravnik/doktor dentalne medicine)

/the traineeship programme completed abroad (if the applicant applies for the recognition of the professional qualification as a medical doctor/doctor of dental medicine)/

dokazilo o opravljenem strokovnem izpitu v tujini,

/evidence of having passed a certification examination abroad/

potrdilo, da kandidat izpolnjuje pogoje za opravljanje storitev v skladu s predpisi države izvora in da mu izvajanje teh storitev ni prepovedano, niti trajno niti začasno (potrdilo o dobrem imenu),

/an attestation certifying that the service provider meets the conditions for the provision of services in accordance with the regulations of the State Party of origin and that he/she is not prohibited from providing these services, either permanently or temporarily (certificate of good repute)/

življenjepis z opisom delovnih izkušenj, s poudarkom na zadnjih sedmih letih

/CV describing work experience, highlighting the last seven years/

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 - 7111002-23 (za plačilo iz tujine SWIFT: BSLJSI2X, IBAN: SI56 01100-1000315637, delivery account 11 27111 -7111002-23).

/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 -7111002-23/

Vlogo in pripadajoča dokazila pošljete po pošti na naslov: Ministrstvo za zdravje, Štefanova ulica 5, 1000 Ljubljana.

/ Applications must be submitted by registered mail to the Ministry of Health, Štefanova ulica 5, 1000 Ljubljana./

Datum */date/*: _____

Podpis osebe */signature/*: _____