

VLOGA ZA VPIS V REGISTER IZVAJALCEV FIZIOTERAPEVTSKE DEJAVNOSTI IN PODELITEV LICENCE

(Pravilnik o registru in licencah izvajalcev fizioterapevtske dejavnosti (Uradni list RS, št. 59/10))

/APPLICATION FOR ENTRY IN THE REGISTER OF PHYSIOTHERAPEUTIC PROVIDERS AND GRANT OF A LICENCE (Rules on the register and licences of physiotherapeutic providers (Official Gazette of the Republic of Slovenia, No. 59/10)/

1. OSEBNI PODATKI

/PERSONAL DATA/

IME

/NAME/

PRIIMEK

/SURNAME/

DATUM IN KRAJ ROJSTVA

/DATE AND PLACE OF BIRTH/

DRŽAVLJANSTVO

/CITIZENSHIP/

NASLOV STALNEGA
PREBIVALIŠČA

/ADDRESS OF PERMANENT RESIDENCE/

TELEFON

/PHONE NUMBRE/

ELEKTRONSKA POŠTA

/EMAIL/

NASLOV ZA VROČANJE

/ANDRESS FOR SERVICE/

2. PODATKI O ZAKLJUČENEM ŠOLANJU

/DATA ON COMPLETION OF SCHOOL/

FAKULTETA

/FACULTY/

PRIDOBLEN STROKOVNI NASLOV

/PROFESSIONAL TITLE OBTAINED/

A) PRIZNANJE POKLICNE KVALIFIKACIJE

/RECOGNITION OF A PROFESSIONAL QUALIFICATION/

Ali vam je priznana poklicna kvalifikacija? (če kvalifikacija ni bila pridobljena v Republiki Sloveniji):

/Are you recognised as having a professional qualification?(if the qualification was not obtained in the Republic of Slovenia):/

da /yes/ (Priložite še odločbo Ministrstva za zdravje in dokazilo o znanju slovenskega jezika)

ne /no/

3. DOKAZILA (obvezne priloge za popolno vlogo)

/Supporting documents to be enclosed with the application/

izpolnjena vloga, na predpisanem obrazcu,

/completed application, on the prescribed form/

fotokopija diplome (na dokumentu mora biti viden datum in številka dokumenta),

/photocopy of the diploma (the date and number of the document must be visible on the document)/

fotokopija potrdila o opravljenem strokovnem izpitu,

/photocopy of the certificate of completion of the professional 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 - 7111002-21 (za plačilo iz tujine SWIFT: BSLJSI2X, IBAN: SI56 01100-1000315637, delivery account 11 27111 -7111002-21).

/ 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 -7111002-21)/

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/: _____