

## POTRDILO O VPISU V REGISTER (POTRDILO O DOBREM IMENU)

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

*/CERTIFICATE OF ENTRY IN THE REGISTER (CERTIFICATE OF GOOD STANDING) Regulation on the Register and Licences of Physiotherapy Providers (Official Gazette of the Republic of Slovenia, No 59/10)/*

### 1. OSEBNI PODATKI:

*/PERSONAL DATA/*

IME

*/NAME/*

PRIIMEK

*/SURNAME/*

DATUM ROJSTVA

*/DATE OF BIRTH/*

KRAJ ROJSTVA

*/PLACE OF BIRTH/*

NASLOV ZA VROČANJE

*/ADDRESS FOR SERVICE/*

### 2. DOKAZILA (obvezne priloge za popolno vlogo)

*/Documents to be enclosed with the application/*

- potrdilo o nekaznovanosti, ki ne sme biti starejše od treh mesecev (izda ga Ministrstvo za pravosodje)  
*/evidence of the applicant having no criminal record,, which must not be more than three months old (issued by Ministry of Justice)/*

Izpolnjeni vlogi in prilogam je potrebno predložiti tudi **potrdilo o plačilu upravne takse** v višini 4,50 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 4,50 EUR, information on bank account: Ministry of health, Štefanova ulica 5, 1000 Ljubljana, SWIFT: BSLJSI2X, IBAN: SI56 01100-1000315637, delivery account 11 27111 -7111002-21/*

**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](mailto: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/*: \_\_\_\_\_