

PRIJAVA PONUDNIKA STORITEV ZA ZAČASNO OPRAVLJANJE ZDRAVSTVENIH STORITEV

(DIREKTIVA 2005/36/ES O PRIZNANJU POKLICNIH KVALIFIKACIJ)

/Registration of a service provider for temporary pursuit of a regulated profession or activity in the Republic of Slovenia, Directive 2005/36/ec on the recognition of professional qualifications/

1. PRIJAVA SE NANAŠA NA:

/THE APPLICATION CONCERNS:/

Prvo opravljanje začasnih storitev v državi gostiteljici (prosim izpolnite od 2 do 6)

/First provision of temporary services in the host country (please fill in 2 to 6)/

Letna obnova prijave (prosim izpolnite od 2 do 5 in 7)

/Annual renewal of the application (please fill in from 2 to 5 and 7)/

2. OSEBNI PODATKI:

/PERSONAL DATA/

IME

/NAME/

PRIIMEK

/SURNAME/

SPOL

/GENDER/

Moški */Male/*

Ženski */Female/*

DATUM ROJSTVA

/DATE OF BIRTH/

KRAJ ROJSTVA

/PLACE OF BIRTH/

DRŽAVLJANSTVO

/CITIZENSHIP/

2.1. KONTAKTNI PODATKI V DRŽAVI SEDEŽA (obvezno):

/CONTACT DETAILS IN THE COUNTRY OF ESTABLISHMENT (required):/

NASLOV PREBIVALIŠČA

/ ADDRESS OF RESIDENCE/

TELEFONSKA ŠTEVILKA (s klicno številko)

/PHONE NUMBER (with code)/

ELEKTRONSKA POŠTA

/EMAIL/

2.1. KONTAKTNI PODATKI V DRŽAVI GOSTITELJICI:

NASLOV PREBIVALIŠČA

/ADDRESS OF RESIDENCE/

TELEFONSKA ŠTEVILKA (s klicno številko)

/PHONE NUMBER (with code)/

ELEKTRONSKA POŠTA

/EMAIL/

3. REGULIRANI POKLIC OZIROMA DEJAVNOST

/REGULATED PROFESSION OR ACTIVITY/

Naziv poklicne kvalifikacije/reguliranega poklica v državi sedeža:

/Title of professional qualification/regulated profession³ in the country of establishment:/

Reguliran poklic oziroma dejavnost, katerega boste opravljali v gostujoči državi:

(natančno navedite naziv in številko iz evidence reguliranih poklicev oziroma poklicnih dejavnosti v Republiki Sloveniji)

/(specify the name and number from the register of regulated professions or professional activities in the Republic of Slovenia)/

Seznam poklicev v zdravstveni dejavnosti najdete v prilogi 1 in 2, Odredbe o seznamu poklicev za zdravstveno dejavnost (Uradni list RS, št. [111/22](#)). Seznam reguliranih poklicev v zdravstvu najdete na [Odredba o seznamu poklicev za zdravstveno dejavnost \(pilsrs.si\)](#).

/The list of health professions can be found in Annexes 1 and 2 of the Ordinance on the list of health professions (Official Journal of the RS, No 111/22).

4. PRAVNI SEDEŽ/ZAKONITA USTANOVITEV V ENI ALI VEČ DRŽAVAH

/LEGAL ESTABLISHMENT/LEGAL ESTABLISHMENT IN ONE OR MORE COUNTRIES/

Za namene prijave ponudnika storitev se »zakonita ustanovitev« nanaša na opravljanje zadevnih dejavnosti v državi članici v skladu s pravili, ki zadevajo določen reguliran poklic oziroma dejavnost, vključno s pogoji za usposabljanje in vsemi posebnimi pravili za opravljanje reguliranega poklica oz. dejavnosti. Zakonita ustanovitev nasprotuje kakršni koli prepovedi opravljanja poklica oz. dejavnosti, niti začasno. Dokazila o formalnih kvalifikacijah, ki jih izda tretja država, se obravnavajo kot dokazila o formalnih kvalifikacijah, če ima imetnik tri leta poklicnih izkušenj v

zadevnem poklicu na ozemlju države članice, ki je priznala ta dokazila o formalnih kvalifikacijah.

/For the purposes of registering a service provider, 'legal establishment' refers to the pursuit in a Member State of the relevant activities in accordance with the rules relating to a specific regulated profession or activity, including training conditions and any specific rules governing the pursuit of a regulated profession or activity. Legal establishment opposes any prohibition on engaging in a profession or activity, even temporarily. Evidence of formal qualifications issued by a third country shall be treated as evidence of formal qualifications where the holder has three years' professional experience in the profession concerned in the territory of the Member State which recognised such evidence of formal qualifications./

4.1. Ali ste zakonito ustanovljeni v državi članici za opravljanje poklica navedenga v točki 3⁴? (obkrožite):

/Are you legally established in a Member State to practise the profession referred to in point 3⁴? (circle)/

da /yes/

ne /no/

4.2. Če ste odgovorili pritrdilno, v kateri državi ste zakonito ustanovljeni⁴:

/If you circle yes, in which country you are legally established/

4.3. Ali je poklic reguliran v državi ustanovitve⁴?

/Is the profession regulated in the country of incorporation/

da /yes/

ne /no/

4.4. Če poklic v državi **ni** reguliran, ali ste kot ponudnik storitve v tej državi opravljali storitev neprekinjeno ali skupno vsaj dve leti v obdobju zadnjih desetih let?

*/If your profession **is not** regulated in a country, or as a service provider in that country you have been providing a service continuously or jointly for at least two years over the last ten years?/*

da /yes/

ne /no/

4.5. Ali ste član kakšnega poklicnega združenja ali podobnega organa⁴?

/Are you a member of a professional association or similar institute?/

da /yes/

ne /no/

4.6. Če je vaš odgovor pritrdilen, prosimo navedite, naziv in podatke ter registracijsko številko.

/If your answer is yes, please indicate your title and details and registration number/

4.7. Ali je dejavnost v državi sedeža treba odobriti s strani pristojnega organa?

/Is the activity subject to approval by the competent authority in the country of establishment?/

da /yes/

ne /no/

4.8. Če je vaš odgovor pritrdilen, prosimo navedite, podatke pristojnega organa.

/If your answer is yes, please provide details of the competent authority/

5. ZAVAROVANJE POKLICNE ODGOVORNOSTI

/PROFESSIONAL INDEMNITY INSURANCE/

Ali imate kakršno koli zavarovalno kritje ali drug način osebnega/kolektivnega zavarovanja v zvezi s poklicno odgovornostjo, ki izhaja za opravljanje poklica navedenega v točki 3? (obkrožite):

/Do you have any insurance cover or other personal/collective professional liability insurance method arising for the exercise of the profession referred to in point 3? (circle)/

da /yes/

ne /no/

Če je odgovor pritrديلen, prosimo navedite naslednje podatke vašega zavarovanja:

/If your answer is yes, please provide the following information about your insurance:/

Ime zavarovalnice: _____

/Name of insurance company/

Številka pogodbe: _____

/Contract number/

6. DOKAZILA ZA PRVO PRIJAVO (obvezne priloge za popolno vlogo)

/Documents to be enclosed with the application/

dokazilo o zaključenem študijskem programu v tujini,

/evidence of completion of the study programme abroad/

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)/

dokazilo o opravljenem specialističnem izpitu v tujini (v kolikor je potrebno za opravljanje zdravstvene dejavnosti opraviti specialistični izpit),

/evidence of having passed a specialist examination abroad (if a specialist examination is required to provide healthcare services)/

veljavna licenca,

/valid license/

potrdilo o skladnosti poklicne kvalifikacije z Direktivo 2005/36/ES, ki ga izda pristojni državni organ v članici EU, kjer je stranka pridobila poklicno kvalifikacijo

/a certificate of conformity of the professional qualification with Directive 2005/36/EC issued by the competent national authority in the EU Member State in which the applicant obtained the professional qualification/

fotokopija osebnega dokumenta,

/a photocopy of the identity document/

podatki o zavarovalnem kritju ali drugih načinih osebnega ali kolektivnega zavarovanja v zvezi s Poklicno odgovornostjo (zavarovalno polico),

/details of insurance coverage or other means of personal or collective insurance with regard to professional liability (insurance policy)/

potrdilo, da ponudnik storitev izpolnjuje pogoje za opravljanje storitev v skladu s predpisi države pogodbenice sedeža 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 establishment and that he or she is not prohibited from providing these services either permanently or temporarily (a certificate of good repute)/

dokazilo o nekaznovanosti, ki ga izda pristojni organ matične države,

/evidence of the applicant having no criminal record, issued by the competent authority in the State Party of origin/

pooblastilo zavoda, kjer bo stranka opravljala storitve,

/authorisation from the establishment where the client will provide services /

izjava ponudnika storitve o znanju slovenskega jezika.

/a statement of the service provider regarding language proficiency/

6.1 DOKAZILA ZA PODALJŠANJE PRIJAVE (obvezne priloge za popolno vlogo)

/Supporting documents for extension of the application to be enclosed with the application/

izjava, da se okoliščine za opravljanje storitev niso bistveno spremenile,

/statement that the circumstances for the provision of services have not changed substantially/

veljavna zavarovalna polica,

/valid insurance policy/

pooblastilo zavoda, kjer bo stranka opravljala storitve.

/authorisation from the establishment where the client will provide services /

7. LETNA OBNOVA PRIJAVE

/ANNUAL RENEWAL OF THE APPLICATION/

Kdaj ste izvajali storitev v državi gostiteljici?

/When did you provide the service in your host country?/

Od /

Od /

Od /

/from/

/to/

Prosim navedite poklicno dejavnost, ki ste jo izvajali v obdobju, ko ste izvajali storitev.

/Please indicate the professional activity you carried out during the period during which you provided the service/

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 4,50 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 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 -7111002-16/

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/: _____