

**IZDAJA POTRDILA GLEDE NA DIREKTIVO 2005/36/ES ZA POKLICNE KVALIFIKACIJE, PRIDOBLENE V SLOVENIJI**

**/CERTIFICATION ACCORDING TO DIRECTIVE 2005/36/EC FOR PROFESSIONAL QUALIFICATIONS OBTAINED IN SLOVENIA/**

**1. OSEBNI PODATKI**

**/PERSONAL DATA/**

IME

**/NAME/**

PRIIMEK

**/SURNAME/**

DATUM ROJSTVA

**/DATE OF BIRTH/**

KRAJ ROJSTVA

**/PLACE OF BIRTH/**

DRŽAVLJANSTVO

**/CITIZENSHIP/**

NASLOV STALNEGA  
PREBIVALIŠČA

**/ADDRESS OF PERMANENT  
RESIDENCE/**

NASLOV ZA VROČANJE

**/ADDRESS FOR SERVICE/**

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

**/Supporting documents to be enclosed with the application/**

**Sektorski poklici:** (zdravnik, zdravnik specialist, zobozdravnik, zobozdravnik specialist, diplomirana medicinska sestra, diplomirana babica in magister farmacije):

*/Sectoral professions: (doctor, doctor specialist, dental doctor, doctor of denatal medicine specilaist, graduate nurse, graduate midwives, master of pharmacy/*

☐ fotokopija diplome,

*/photocopy of the diploma/*

☐ fotokopija potrdila o opravljenem strokovnem izpitu,

*/photocopy of the certificate of completion of the professional examination/*

☐ potrdilo o opravljeni specializaciji (v primeru, da ste opravili specializacijo).

*/certificate of completion of the specialization (in case you have passed the specialization)/*

**Ne sektorski poklici – vsi ostali regulirani poklici:**

*/Non-sectoral professions – all other regulated professions/*

☐ fotokopija spričevala o zaključenem izpitu/spričevala o maturi/fotokopija diplome,

*/photocopy of examination certificate/baccalaureate certificate/photocopy of diploma/*

☐ fotokopija potrdila o opravljenem strokovnem izpitu,

*/photocopy of the certificate of completion of the professional examination/*

☐ potrdilo o opravljeni specializaciji.

*/certificate of completion of the specialization/*

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 najdete na [Odredba o seznamu poklicev za zdravstveno dejavnost \(pisrs.si\)](https://pisrs.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). The list of regulated health professions can be found on the Ordinance on the list of health professions (pisrs.si)./*

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