

The form shall be filled in legibly!

REGISTRATION FORM – at Semmelweis University’s Clinic

(application for dental specialization course)

Entry date of compulsory master course(dd/mm/yyyy):.....

photo

Name of specialization:

I. Trainee’s personal data:

Full name: Mother’s maiden name:

Place of birth:date of birth (dd/mm/yyyy):

Citizenship:

Permanent address:

Correspondence address:

E-mail address: Phone:

Issuer of dental degree: registered number, date:

*Recognizing university: *date of recognition:

Medical stamp:date:

Date of operating license:

Date of chamber membership:

II. Accredited place of training:

Name:

Address:

Phone, fax:

Name of supervising tutor:

I hereby declare that I have been thoroughly informed concerning the 36-month course and I acknowledge all the information regarding the training.

Budapest, 20.

.....
signature of trainee

Documents to be attached:

- copy of labour contract (accredited place of training, minimum 36 hours weekly)
- acceptance form by an accredited place
- copy of dental degree
- copy of certificate of entry into operating license
- copy of certificate of chamber membership
- copy of ID card/ passport
- copy of TAX card
- copy of Social Security (TAJ) card
- copy of address card
- 2 ID photos
- copy of residence permit
- copy of labour permit
- copy of health aptitude test result
- tutor’s declaration of supervising the trainee
- invoice request
- Hungarian Language Exam B2

* fill it out in case you obtained your degree at a foreign university

I accept the application:

.....
signature of President of the Vocational Training Board of Dentistry