



National Healthcare Service Center

IMPORTANT INFORMATION FOR FOREIGN GRADUATES 2019

Dear Graduates,

The National Healthcare Service Center (Állami Egészségügyi Ellátó Központ; ÁEEK) congratulates you for being awarded a university healthcare degree by one of our Universities.

This brochure aims to briefly summarize the procedures of the ÁEEK that are needed to access the healthcare profession granted by your diploma, either in Hungary or abroad.

After graduation your University has 30 calendar days to report the diploma details of the newly graduated students to the ÁEEK's Department of Registration in order to get them listed in the National Basic Register of the Healthcare Professionals.

(The register is publicly available: <https://kereso.enkk.hu/>)

Once you have your diploma listed in the Basic Register, you should decide if you intend to

- **leave Hungary and work abroad** (see point A) **OR**
- **stay and work in Hungary** (see point B)

We hope you find the information provided in this publication to be informative and helpful.

National Healthcare Service Center
Directorate General of Human Resources Development

A) I INTEND TO WORK ABROAD

If you intend to work abroad, your Hungarian diploma has to be recognised by the Host Country's competent authority and thereafter you will be required to get further registrations or licences depending on the host country's regulation.

It is highly recommended to contact the host country's authority first to get detailed information on the recognition procedure, including the list of the necessary documents and the confirmation if licence to practice (operational registration) in Hungary is needed or not.

Amongst the requested documents there can be multiple certificates that are issued by the **National Healthcare Service Center (ÁEEK)**. The most frequently requested certificates are the certificate of conformity and good standing.

The procedure takes maximum 30 calendar days. Normally the certificates can be issued between 8-15 calendar days. Your patience is highly appreciated.

(You can visit the ÁEEK's website for **further information on all types of certificates: www.enkk.hu** (switch to the English menu / Department of Recognition and Monitoring)

CERTIFICATE OF CONFORMITY

It attests that your diploma (in medicine, dentistry, pharmacy, nursing or midwifery) satisfies the training requirements laid down in European Parliament and Council Directive 2005/36/EC on the recognition of professional qualifications.

CERTIFICATE OF GOOD STANDING

It attests that the professional

- ✓ has a clean criminal record, and is not under the effect of a non-appealable sentence imposed for a criminal offence suspending the health care activity concerned on the day of issue of this certificate;
- ✓ is not under the effect of a non-appealable sentence imposed for the violation of the professional ethical rules;
- ✓ **is entitled or not to pursue healthcare activities in Hungary.**

The entitlement (right to practice) basically **depends on the membership in the professional chamber** (Hungarian Medical Chamber (MOK), Hungarian Pharmaceutical Chamber (MGYK), Hungarian Chamber of Health Care Professionals (MESZK) **and on the Operational Registration.***

* From 1st January 2017, if the **healthcare professional with foreign citizenship declares** that he or she does not intend to pursue healthcare activities in Hungary (currently), he or she can apply for the operational registration without the membership of the chamber. **(For further info please see Subsection 3 of point B) or contact the Department of Registration in e-mail: omn@aek.hu)**

PROCEDURE in relation to the certificates

In order to get the necessary certificates (required by the host country's authority), the following documents have **to be submitted** to the ÁEEK's **Department of Recognition and Monitoring** **via e-mail to recognition@aEEK.hu** (or by post or in person)

- request form (available on www.enkk.hu at [Department of Recognition and Monitoring / Certificates for recognition in a foreign country](#))
- scanned copy or photo of your passport or ID card,
- scanned copy of photo of any official document that proves your current address in Hungary or abroad (if available)
- scanned copy or photo of your diploma,
- transfer receipt about the fee of the procedure. **(15 000 HUF/requested type of certificate)**

CONTACT DETAILS OF THE DEPARTMENT OF RECOGNITION AND MONITORING	
E-mail:	recognition@aEEK.hu
Telephone:	(+36)-1-919-3336 (Mon-Thu: 8.30-16.00; Fri: 8:30-13:30)
Address of personal consultation:	1085 Budapest, Horánszky utca 24. (ground floor)
Opening hours:	Tuesday: 8.30-12.00. and 13.00-15.30
Postal address:	National Healthcare Service Center Directorate General of Human Resources Development Department of Recognition and Monitoring 1444 Budapest Pf.: 270.
Bank account details:	Állami Egészségügyi Ellátó Központ 10032000-01490576 From foreign account: National Healthcare Service Center Swift code: HUSTHUHB IBAN number: HU06 1003 2000 0149 0576 0000 0000 Bank: Hungarian National Bank Please note that the fee of the transfer and the exchange is also your cost!

B) I INTEND TO WORK IN HUNGARY

In order to start working as a health professional in Hungary, the following steps have to be taken:

1. Basic Register (automatic), medical stamp for doctors and dentists (by request)

After the graduation the University has 30 calendar days to report the diploma details of the newly graduated students to the ÁEEK's Department of Registration in order get them listed in the National Basic Register of the Healthcare Professionals.

Once you are registered in the Basic Register, you will have a unique registration number, which can be checked at the public database: <https://kereso.enkk.hu/>)

In case of doctors and dentists the ÁEEK's Department of Registration *ex officio* notifies the National Health Insurance Fund of Hungary (Nemzeti Egészségügyi Alapkezelő; **NEAK**) about the professionals personal details, address and basic registration number in order to prepare the professionals' medical stamps.

Despite the notification, **the medical stamp will not be prepared unless you apply for it by submitting a request form to the NEAK.** (web: <http://neak.gov.hu/>; e-mail: neak@neak.gov.hu; stamp request form can be downloaded: <http://www.oep.hu/nyomtatvanytar/> - Kérelem az első névre szóló orvosi bélyegző kiállítására iránt)

2. Membership to the competent professional chamber (by request)

Membership of the competent professional chamber is compulsory for those, who are intending to work in Hungary. For the details of the procedure (form, fees, etc.), please contact your chamber:

- **doctors, dentists:** Hungarian Medical Chamber (www.mok.hu; Magyar Orvosi Kamara)
- **pharmacists:** Hungarian Chamber of Pharmacists (www.mgyk.hu; Magyar Gyógyszerészeti Kamara)
- **healthcare professionals (physiotherapists, nurses, midwives, etc.):** Chamber of Hungarian Healthcare Professionals (www.meszk.hu; Magyar Egészségügyi Szakdolgozói Kamara)

3. Operational Registration ('működési nyilvántartás') (by request)

In order to provide healthcare services unsupervised, - besides the chamber membership - the professional has to hold a valid operational registration. The application should be submitted to the ÁEEK's **Department of Registration and Training**.

Further information can be found on the ÁEEK's website (www.enkk.hu / English menu / Department of Registration and Training) or you can contact our colleagues.

PROCEDURE in relation to the operational registration

For your first operational registration, please be informed that you need to submit the following documents:

– **filled out and signed application form**

The registration to the Operational Register is only possible upon request, therefore applicants are required to fill out the application form and submit it either by post (as a registered letter) or in person (at our customer service) (Download: www.enkk.hu – [Department of registration and training \(basic and operational registry/application forms\)](#) or available at the customer service)

– **transfer receipt of the administrative fee**

Upon first registration **3.000,- HUF** administrative fee has to be paid by bank transfer to the bank account held by ÁEEK (**bank account number: 10032000-01490576-00000000**).
(The acknowledgment of the payment shall be attached to the application.)

– **Either the proof of membership of the chamber** (if you are intending to work in Hungary)
Or the declaration form for foreign citizens (if you are intending to work abroad and the Hungarian registration is required by the Host Country)

Membership of the competent professional chamber is compulsory for those, who are intending to work in Hungary!

If you are a healthcare professional with foreign citizenship who do not intend to work in the area of healthcare currently in Hungary and the license for the healthcare activity – certificate of the Hungarian operational registration – is only necessary for the recognition of your professional qualification abroad, it is not obligatory to have the membership of the chamber.

As indicated above, healthcare professionals can obtain operational registration without the membership of the chamber, provided that the Hungarian or English version of the Declaration for foreign citizens has been attached to the application form.

CONTACT DETAILS OF THE DEPARTMENT OF REGISTRATION AND TRAINING

Address:	1085 Budapest, Horánszky utca 24. (ground floor)
Opening hours:	Monday to Thursday 8.30-15.30
E-mail:	omn@aeek.hu
Telephone:	(+36)-1-411-1146 (Mon-Thu: 8.30-15.30)

4. Working as a self-employed (by request)

If you intend to provide healthcare services as a self-employed, you are required to have an operational licence ('működési engedély') too, for which you can apply at the Policy Administration Service of Public Health of the territorially competent Government Office. (Contact details of the regional offices: <http://www.kormanyhivatal.hu/hu/elerhetosegek>)

5. Entering a specialist training programme

In case you have plans to enter a specialist training programme in Hungary, for detailed information (such as language requirements, training costs, opportunities for financial support) please contact the Continuing Education Center of your University.

REQUEST concerning the issue of a certificate to be used in the recognition of the diploma, qualification in another country

I'm (name) applying for the following certificate(s) that I need to get my diploma, qualification recognised in(name of the host country).

(Please put an X before the requested certificates):

- certificate of conformity** issued for doctors, specialists in medicine, dentists, specialists in dentistry, pharmacists, nurses, midwives (with reference to Article 24., 25., 28., 29., 31., 34., 35., 40-41., 44. of Directive 2005/36/EC)
- certificate of acquired rights** issued for doctors, specialists in medicine, dentists, specialists in dentistry, pharmacists, nurses, midwives (with reference to Article 23., 27., 30., 33., 37., 43. of Directive 2005/36/EC)
- certificate which attests the length of the healthcare activity pursued in Hungary**
- certificate of good standing** (Pursuant to Section. 110/A of Act CLIV of 1997)
- certificate which attests the level of the qualification** (with reference to Article 11. of Directive 2005/36/EC)
- other

Personal data (Please write with capitals):

Surname:

Given name:

Name at birth:

Mother's maiden name:

Place and date of birth:

Registered address:

Postal address:

Telephone:

E-mail:

Basic register number:

I enclose the following documents (Please put an X before the selected ones):

- copy of the passport/ID card
- copy of the proof of evidence concerning the applicant's registered address
- copy of the diploma/qualification
- fee (by postal cheque or bank transfer)
- original certificate from the employer or its certified copy (*in case of the certificate of acquired rights, or in case of the certificate which attests the length of the healthcare activity pursued in Hungary*)
- other

I'd like to get the issued certificates (Please put an X before the selected one):

- personally
- by post
- by an authorised person (please attach an authorisation)
- other way:

Other remarks, requests:

I hereby declare that the information contained in my application are true, and I agree with the use of the aforementioned data by the Center with regards to my application. Furthermore, I authorise the Center to obtain the necessary information from the competent authority in connection with the Certificate of Good Standing.

Date:

.....
signature



APPLICATION for medical doctors, dentists, pharmacists and clinical health workers <i>(Kérelem orvosok, fogorvosok, gyógyszerészek és klinikai szakképesítéssel rendelkezők részére)</i>
Before filling out the application please read the instructions first! <i>(Kérjük az adatlap kitöltése előtt olvassa el a kitöltési útmutatót!)</i>
I. Personal details (* : It is obligatory to fill out) <i>(Kérelmező adatai (A *-gal jelölt adatok kitöltése kötelező))</i>
Basic and Operational registration number: <i>(Alap és működési nyilvántartási szám)</i>
*Name (your name in the ID card or passport): <i>(Családi és utónév (személyi igazolványban szereplő név))</i> *Surname (Vezetéknév):
* Given name (Utónév):
*Name at birth (Születési név): *Surname (Vezetéknév):
*Given name (Utónév):
*Mother's maiden name (Anyja születési neve):
* Place and date of birth (Születési hely, idő):
*Sex (Neme):
* Nationality (Állampolgársága):
* During the health activity I would like to use: <i>(Az egészségügyi tevékenység során használt név)</i> { } My name (Családi és utónév) { } My name at birth (Születési név)
* I would like to use the title 'Dr': { } Yes (Igen) { } No (Nem) <i>(Doktori címet használni kívánom)</i>
* Registered address (Lakóhely):
* Mailing address (if it is different from the registered address): <i>(Levelezési cím (amennyiben a lakóhelytől eltér))</i>
Retired (Nyugdíjas): { } Yes (Igen) { } No (Nem)
* E-mail address (E-mail cím):
Phone number (Telefonszám):

The subject of the application <i>(A kérelem tárgya)</i>	
The applicant's qualification <i>(A kérelmező szakképzettsége):</i>	
<input type="checkbox"/> Medical doctor <i>(Orvos)</i>	<input type="checkbox"/> Pharmacist <i>(Gyógyszerész)</i>
<input type="checkbox"/> Dentist <i>(Fogorvos)</i>	<input type="checkbox"/> Specialist in clinical psychology <i>(Klinikai végzettség)</i>
<input type="checkbox"/> Other specialist training <i>(Egyéb)</i>	
The subject of the request <i>(Please put an X before the requested case):</i> <i>(A kérelem tárgya (a megfelelőt kérjük x-elni))</i>	
<input type="checkbox"/> First registration <i>(Első felvétel)</i>	
<input type="checkbox"/> Renew the operational registration <i>(Megújítás)</i>	
<input type="checkbox"/> Registration of the new qualification <i>(Új szakképesítés felvétele)</i>	
<input type="checkbox"/> Extend the operational registration (prolongation because of child-raising allowances, incapacity due to illness, etc.) <i>(Meghosszabbítás)</i>	
<input type="checkbox"/> Registration after cancellation <i>(Törlést követő újrafelvétel)</i>	
<input type="checkbox"/> Change in personal details <i>(Adatváltozás bejelentése)</i>	
<input type="checkbox"/> Replace the card of the operational registration <i>(Működési nyilvántartási igazolvány pótlása)</i>	
<input type="checkbox"/> Declaration of pursuing the health activity with supervision <i>(Felügyelet bejelentése)</i>	
<input type="checkbox"/> Cancellation from the operational registration <i>(Működési nyilvántartásból történő törlés)</i>	
I present my application in the following qualification(s): <i>(Kérelmemet az alábbi szakképesítés(ek) tekintetében terjesztem elő)</i>	

II. Details of the qualification(s) <i>(Szakképesítés adatok)</i>	
Diploma	
1) Title of the Diploma (Diploma megnevezése):	
Number of the diploma (number/year) <i>(Diploma száma):</i>	
Issuing body: <i>(Kiállító szerv)</i>	
Place and date of issue: <i>(Kiállítás helye, ideje)</i>	Language of the training: <i>(Képzés nyelve)</i>
Nostrificated, recognised by: <i>(Honosító/elismerő intézmény)</i>	Number of recognition, nostrification: <i>(Honosító/Elismerő határozat száma)</i>
Place and date of recognition, nostrification: <i>(Honosítás/Elismerés kiállításának helye, ideje)</i>	
2) Title of the Diploma (Diploma megnevezése):	
Number of the diploma (number/year) <i>(Diploma száma):</i>	
Issuing body: <i>(Kiállító szerv)</i>	
Place and date of issue: <i>(Kiállítás helye, ideje)</i>	Language of the training: <i>(Képzés nyelve)</i>
Nostrificated, recognised by: <i>(Honosító/elismerő intézmény)</i>	Number of recognition, nostrification: <i>(Honosító/Elismerő határozat száma)</i>
Place and date of recognition, nostrification: <i>(Honosítás/Elismerés kiállításának helye, ideje)</i>	

Specialist qualifications (Szakvizsgák adatai)	
1) Name of the qualification (Szakvizsga megnevezése):	
Number of the qualification (number/year) <i>(Szakvizsga száma):</i>	
Issuing body: <i>(Kiállító intézmény)</i>	
Place and date of issue: <i>(Kiállítás helye, ideje)</i>	Language of the training: <i>(Képzés nyelve)</i>
Nostrificated, recognised by: <i>(Honosító/elismerő intézmény)</i>	Number of recognition, nostrification: <i>(Honosító/Elismerő határozat száma)</i>
Place and date of recognition, nostrification: <i>(Honosítás/Elismerés kiállításának helye, ideje)</i>	
2) Name of the qualification (Szakvizsga megnevezése):	
Number of the qualification (number/year) <i>(Szakvizsga száma):</i>	
Issuing body: <i>(Kiállító intézmény)</i>	
Place and date of issue: <i>(Kiállítás helye, ideje)</i>	Place and date of issue: <i>(Kiállítás helye, ideje)</i>
Nostrificated, recognised by: <i>(Honosító/elismerő intézmény)</i>	Nostrificated, recognised by: <i>(Honosító/elismerő intézmény)</i>
Place and date of recognition, nostrification: <i>(Honosítás/Elismerés kiállításának helye, ideje)</i>	
3) Name of the qualification (Szakvizsga megnevezése):	
Number of the qualification (number/year) <i>(Szakvizsga száma):</i>	
Issuing body: <i>(Kiállító intézmény)</i>	
Place and date of issue: <i>(Kiállítás helye, ideje)</i>	Place and date of issue: <i>(Kiállítás helye, ideje)</i>
Nostrificated, recognised by: <i>(Honosító/elismerő intézmény)</i>	
Place and date of recognition, nostrification: <i>(Honosítás/Elismerés kiállításának helye, ideje)</i>	
4) Name of the qualification (Szakvizsga megnevezése):	
Number of the qualification (number/year) <i>(Szakvizsga száma):</i>	
Issuing body: <i>(Kiállító intézmény)</i>	
Place and date of issue: <i>(Kiállítás helye, ideje)</i>	Place and date of issue: <i>(Kiállítás helye, ideje)</i>
Nostrificated, recognised by: <i>(Honosító/elismerő intézmény)</i>	Nostrificated, recognised by: <i>(Honosító/elismerő intézmény)</i>
Place and date of recognition, nostrification: <i>(Honosítás/Elismerés kiállításának helye, ideje)</i>	

III. Membership of the Chamber (Kamarai tagság)		
I have membership <i>(Rendelkezem kamarai tagsággal)</i> : <input type="checkbox"/> Yes (Igen) <input type="checkbox"/> No (Nem)		
If yes, the name of the Chamber <i>(Kamara megnevezése)</i> :		
If yes, the beginning of the membership <i>(Kamarai tagság kezdete)</i>		
If yes, the end of the membership: <i>(Kamarai tagság vége)</i>		
<i>If no: I am a health worker with foreign citizenship and I do not intend to work in the area of health in Hungary, the permission for the health activity – certificate of the Hungarian operational registration – is only necessary due to the recognition of professional qualification abroad. I attach the declaration for foreign citizens about working out of Hungary to the application form.</i>		
<i>(Külföldi állampolgársággal rendelkező egészségügyi dolgozó vagyok és az egészségügyi szakképesítés megszerzését követően egészségügyi tevékenységet Magyarországon nem kívánok folytatni, az egészségügyi tevékenység végzésére való jogosultság igazolása kizárólag a szakképesítése külföldön történő elismerése miatt szükséges. Ennek megfelelően kérelmemhez csatoltam a “Nyilatkozat külföldi állampolgrok részére” elnevezésű nyomtatványt)</i>		
IV. Details of the language exam(s): (Nyelvvizsgák adatai)		
1. Language: (Nyelv)		
Level (Szint): <input type="checkbox"/> basic <i>(alap)</i> <input type="checkbox"/> intermediate <i>(közép)</i> <input type="checkbox"/> advanced <i>(felső)</i>	Type (Típus): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> General <i>(Általános)</i> <input type="checkbox"/> Professional <i>(Szakmai)</i>
Issuing body: <i>(Kiállító szerv)</i>	Issuing place and date: <i>(Kiállítás helye, ideje)</i>	Number: <i>(Száma)</i>
2. Language: (Nyelv)		
Level (Szint): <input type="checkbox"/> basic <i>(alap)</i> <input type="checkbox"/> intermediate <i>(közép)</i> <input type="checkbox"/> advanced <i>(felső)</i>	Type (Típus): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> General <i>(Általános)</i> <input type="checkbox"/> Professional <i>(Szakmai)</i>
Issuing body: <i>(Kiállító szerv)</i>	Issuing place and date: <i>(Kiállítás helye, ideje)</i>	Number: <i>(Száma)</i>
3. Language: (Nyelv)		
Level (Szint): <input type="checkbox"/> basic <i>(alap)</i> <input type="checkbox"/> intermediate <i>(közép)</i> <input type="checkbox"/> advanced <i>(felső)</i>	Type (Típus): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> General <i>(Általános)</i> <input type="checkbox"/> Professional <i>(Szakmai)</i>
Issuing body: <i>(Kiállító szerv)</i>	Issuing place and date: <i>(Kiállítás helye, ideje)</i>	Number: <i>(Száma)</i>

V. Declarations
(Nyilatkozat)

1. I apply for that the National Healthcare Service Center

(Kérem, hogy az Állami Egészségügyi Ellátó Központ (a továbbiakban: ÁEEK) a kérelmemben foglaltak alapján)

- } make my first registration into the Operational Registration;
(regisztráljon a működési nyilvántartásba)
- } renew my operational registration;
(újítsa meg a működési nyilvántartásomat)
- } make the registration of my new qualification
(a kérelemben megjelölt szakképesítés tekintetében bocsásson ki működési nyilvántartási igazolványt)
- } extend my 5-year-period registration;
(hosszabbítsa meg a működési nyilvántartásomat)
- } registrate me again in the Operational Registration after cancellation;
(törlést követően ismételt regisztráljon)
- } change the informations and my datas in the operational registration database;
(adatváltozást rögzítse a működési nyilvántartásba)
- } replace my stolen, missing or spoiled card of operational registration;
(pótolja az elveszett, ellopott vagy megrongálódott működési nyilvántartási igazolványomat)
- } put into the operational registration database that I am pursuing the health activity with supervision;
(rögzítse a nyilvántartásba a felügyelet melletti tevékenységgyakorlást)
- } cancel me from the operational registration.
(töröljön a működési nyilvántartásból)

2. I hereby declare that I have clean criminal record and that I am not under the effect of a non-appealable sentence imposed for a criminal offence suspending the health care activity.

(Felelősségem tudatában kijelentem, hogy nem állok olyan bűncselekménnyel kapcsolatban büntetett előlethez fűződő hátrányos jogkövetkezmények hatálya alatt, amely miatt egy évet meghaladó végrehajtandó szabadságvesztésre ítélték, illetve nem állok az egészségügyi tevékenység folytatását kizáró foglalkoztatástól eltiltás hatálya alatt.)

3. I contribute to the National Healthcare Service Center verifies permanently the informations which mentioned previously in point 2. The National Healthcare Service Center has national and exclusive competence to demand informations from the authority of criminal registration.

(Hozzájárulok ahhoz, hogy az ÁEEK hatósági ellenőrzés keretében a 2. pontban foglalt tények fennállására vonatkozó adatokat a működési nyilvántartásban szereplésem időtartama alatt folyamatosan ellenőrizze. Tudomásul veszem, hogy az ÁEEK a hatósági ellenőrzés céljából adatot igényelhet a bűnügyi nyilvántartási rendszerből.)

4. I hereby declare that

- } I am not under the effect of any decree declaring that I am unfit to pursue the healthcare activity permanently (due to my health condition),
- } I am not under the effect of any authority's decision forbidding me to pursue the health care activity.

(Felelősségem tudatában kijelentem, hogy

{ } nem állok (egészségügyi állapotom miatt) az egészségügyi tevékenység folytatására véglegesen alkalmatlanná nyilvánító határozat hatálya alatt,

{ } nem állok az egészségügyi tevékenység gyakorlásától eltiltó hatósági határozat hatálya alatt.)

5. I contribute to the National Healthcare Service Center verifies the datas which have been declared by me in the application form.

(Hozzájárulok, hogy a kérelmemben általam, vagy a munkáltatóm által szolgáltatott adatokat az ÁEEK ellenőrizhesse.)

6. I hereby declare that out of Hungary

- } I have never worked and I am not working in the area of health;
- } I worked in the area of health;
- } I am working now in the area of health

and according to the law of the foreign country I have clean criminal record and I am not under the effect of a non-appealable sentence imposed for a criminal office suspending the health care activity.

(Felelősségem tudatában kijelentem, hogy Magyarországon kívül egészségügyi tevékenységet

{ } nem végeztem és jelenleg sem végzek;

{ } végeztem;

{ } jelenleg is végzek

és az egészségügyi tevékenység végzésének helye szerinti állam(ok) jogszabályai alapján nem állok az egészségügyi tevékenység gyakorlását kizáró vagy korlátozó intézkedés, büntetés, büntetőjogi intézkedés hatálya alatt.)

7. I hereby declare that the informations contained in my application are true and correct at the moment of signing.

(Felelősségem tudatában kijelentem, hogy a kérelemben feltüntetett adatok a valóságnak megfelelnek.)

Done in:(place).....(day/month/year)

(Kelt)

(hely)

(nap/hónap/év)

_____ **original signature of the applicant**

(Eredeti aláírás)

Without the original signature the application is not valid and unacceptable.

(Eredeti aláírás hiányában a kérelem érvénytelen és elfogadhatatlan)

The application can be sent:

- by post as a required letter to the address 1444 Budapest, P.O. Box 270.;
- by personal at our customer service during the opening hours
 - Monday-Thursday: from 8:30 to 15:30
 - Friday: from 8:30 to 13:00

Availability:

- Phone: +36-1/411 1146; Fax: +36-1/411-3768
- E-mail: omn@aeek.hu
- Account number: 10032000-01490576-00000000
- Swift code: HUSTHUBH
- IBAN number: HU06 1003 2000 0149 0576 0000 0000



**DECLARATION
for foreign citizens intending to work outside of Hungary**

Personal details

Basic registration number:

Surname:

Given name:

Name at birth:

Mother's maiden name:

Place and date of birth:

Nationality:

I, (name) hereby declare that I am a healthcare professional with foreign citizenship and I do not intend to work in the area of healthcare in Hungary currently, the license to pursue healthcare activities – getting registered in the Operational Registry – is only necessary for the recognition of my professional qualification abroad.

Due to the abovementioned it is not obligatory to have the membership of the chamber.

I, furthermore, acknowledge that in case I return to Hungary to pursue healthcare activities, I will be required to become a member of the chamber.

Date:

.....

Signature

