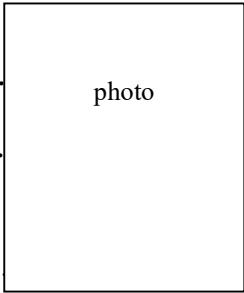


The form shall be filled in legibly!

**REGISTRATION FORM – accredited private Clinic**  
(application for dental specialization course)

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



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) | <input type="checkbox"/> |
| ■ acceptance form by an accredited place  | <input type="checkbox"/> |
| ■ copy of dental degree   | <input type="checkbox"/> |
| ■ copy of certificate of entry into operating license                             | <input type="checkbox"/> |
| ■ copy of certificate of chamber membership                                       | <input type="checkbox"/> |
| ■ copy of ID card/ passport   | <input type="checkbox"/> |
| ■ copy of TAX card  | <input type="checkbox"/> |
| ■ copy of Social Security (TAJ) card  | <input type="checkbox"/> |
| ■ copy of address card  | <input type="checkbox"/> |
| ■ 2 ID photos   | <input type="checkbox"/> |
| ■ copy of residence permit  | <input type="checkbox"/> |
| ■ copy of labour permit   | <input type="checkbox"/> |
| ■ copy of health aptitude test result   | <input type="checkbox"/> |
| ■ tutor's declaration of supervising the trainee                                  | <input type="checkbox"/> |
| ■ invoice request   | <input type="checkbox"/> |
| ■ 22 000 HUF registration fee – certificate of inpayment                          | <input type="checkbox"/> |

\* 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