

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 (TÁJ) 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 Board of Section of Dentistry- Continuing Education Operational Committee