The form shall be filled in legibly!

REGISTRATION FORM – accredited private Clinic

(application for dental specialization course)

photo

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

<u>Documents to be attached</u>:

- 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 ☐
- 22 000 HUF registration fee – certificate of inpayment ☐

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

I accept the application:

……

signature of Chair of **Section of Dentistry – Continung Education Oprational Comittee**