



CZECH MEDICAL CHAMBER

APPLICATION

for the Certificate of non-membership of the Czech Medical Chamber

Completed by the applicant:

Name, first name, title.....Date of birth

ID/Passport No.Contact (e-mail/phone number):

Contact addressPost code

Please, send the original of the Certificate to:

I request the Certificate in

- English language
- German language
- French language
- Spanish language

- Portuguese language
- Italian language
- Polish language

I agree/ disagree to a verification of the Certificate of non-membership of the Czech Medical Chamber or the Certificate it self in electronic form will be sent by the Czech Medical Chamber, on the basis of written request, to any authority of public administration or self-government of the country, in which I will exercise my practice in medical profession.*

Information on graduation

I finished my studies on /dd/mm/yyyy/..... Name of the faculty.....

Name of the university.....

The university address:

Street.....Orient. no.....

Post codeCity/Town.....

Statement of the applicant

Thereby I declare that I have never practiced in preventive and medical care in the Czech Republic from the date of my graduation to the moment of signing this request form and I confirm by my signature that all the information provided is truth.

In Date

.....
Applicant's signature

Completed by the Czech Medical Chamber Officer in charge

Thereby I confirm that Mr./Ms.bornin.....has never been a member of the Czech Medical Chamber and therefore it can be assumed based on his/her statement that he/she has never practiced in medical and preventive care whereby, according to the current Czech legislation, the legal duty to register as a member of the Czech Medical Chamber has not arisen.

On the basis of this information the Czech Medical Chamber issues a Certificate of non-membership, number of evidence...../.....

In..... Date.....

.....
Signature

- Please, tick the right option