CZECH MEDICAL CHAMBER

APPLICATION

for the Certificate of Non-Membership in the Czech Medical Chamber

Completed by the applicant:

Surname: ……………………………………………………….. First name: ………………………………………………….....

☐ Male ☐ Female; Date of Birth: …………………………………………….. ID/Passport No.: ……………………………………..

Nationality: ……………………………………. Contact: (E-mail/Phone Number): ………….………………………………………

Contact address: ………………………………………………………………………………………………….......…………………

☐ Please mail the original of the certificate to the following name and address: ………………………………………………..…

……….....

☐ I would like to pick up the certificate at the office of the Czech Medical Chamber (Drahobejlova 27, 190 00 Prague 9). Please notify me when the certificate is ready by telephoning or e-mailing me.

I request the certificate to be issued in one of the following language versions:

☐ **English language**   ☐ **Portuguese language**
☐ **German language**   ☐ **Italian language**
☐ **French language**   ☐ **Polish language**
☐ **Spanish language**

I ☐ **agree** ☐ **disagree*** *that verification of this Certificate of Non-Membership in the Czech Medical Chamber or the Certificate itself in electronic form will be provided by the Czech Medical Chamber, upon written request, to any authority of public administration or self-government of the country in which I will practise medicine.*
  * Please tick the right option

Information on graduation
I finished my studies on /dd/mm/yyyy: ……………………………..Faculty Name: ………………………………………………………………

University name: ………

University address (Street, City): ……

Applicant's Statement
I hereby declare that I have never practised preventive or medical care in the Czech Republic from date of my graduation to the moment of signing this request form and by signing below, I certify all information is true and correct.

Place and date signed: ……………………………………………………… Applicant´s Signature: …………………………………………………………..……….

_____

Completed by the Czech Medical Chamber Officer in charge:

I hereby confirm that Ms./Mr. …………………………………………………………born …………………………………in………………………………………
has never been a member of the Czech Medical Chamber and therefore it can be assumed based on her/his statement that she/he has never practised medical or 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, ref. number:

…………………/………………….

Place and date: ……………………………………………………….   CMC Officer´s Signature: ………………………………………………….