



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.:.....

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 (Lékařská 5, Prague 5).
Please notify me when the certificate is ready to be picked up by telephoning me or emailing me.

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

- | | |
|---|--|
| <input type="checkbox"/> English language | <input type="checkbox"/> Portuguese language |
| <input type="checkbox"/> German language | <input type="checkbox"/> Italian language |
| <input type="checkbox"/> French language | <input type="checkbox"/> Polish language |
| <input type="checkbox"/> Spanish language | <input type="checkbox"/> Greek language |

I agree disagree* to a verification of the Certificate of Non-Membership in the Czech Medical Chamber or the Certificate itself 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:.....Faculty Name:.....

University Name:.....

University address (Street, City, Postal code):.....

Statement of the applicant

I hereby declare that I have never practiced preventive or medical care in the Czech Republic from 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.

Place and date:.....

.....
Applicant's Signature

Completed by the Czech Medical Chamber Officer in charge:

I hereby confirm that Mr. /Ms. 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 practiced 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, number of evidence:...../.....

Place and date:.....

.....
CMC officer's Signature

*Please tick the right option