

Annex 2 to
the Description of the procedure for issuing certificates to
persons aspiring to work according to a regulated
profession in the EU Member States, the European
Economic Area States, or the Swiss Confederation

(Application Form for the Certificates)

(name, surname of the applicant)

(e-mail, phone)

**State Accreditation Authority for Health Care
under the Ministry of Health** (hereinafter referred to as the “**Authority**”)

**APPLICATION
FOR THE CERTIFICATES**

(date)

I hereby apply for the certificate(s) that my professional qualification(s) and the document(s) confirming the professional qualification(s) issued for me complies with the requirements of Directive 2005/36/EC of the European Parliament and of the Council:

Diploma _____ issued to me on _____
(series and reference number) (date)

by _____ of the acquired _____
(issuing educational establishment)

professional qualifications;

Certificate of professional qualification _____ issued on _____
(underline if necessary) (series and reference number) (date)

by _____
(indicate the issuing education institution)

of the acquired _____ professional qualification;
(specify)

Certificate of internship _____ issued on _____
(underline if applicable) (series and reference number) (date)

by _____
(indicate the issuing education institution)

of the acquired _____ professional qualification;
(enter)

Certificate of residency _____ issued on _____
(underline if applicable) (series and reference number) (date)

by _____
(indicate the issuing education institution)

of the acquired _____ professional qualification;

and Certificate of Good Standing.

Certificates are required for presentation in _____
(country)

Please issue the certificates in **Lithuanian** or **English**
(underline where applicable)

Please send me the documents **by e-mail**:

(Note: If the competent authority in another country requires certificates to be received directly from the Agency, indicate that authority and address thereof.)

I'd like to receive a transcript of electronic document **by post** or **coming to the office**
(underline where applicable)

(specify the address to which a transcript of electronic document should be sent)

Note: It is not necessary to submit the appended documents when re-applying. A Certificate of professional experience and duration from the employer must be submitted, if the previous certificate is older than 3 months.

I, _____ ,
(name and surname of the applicant or authorised person)

certify that the data provided in the application is correct and a state fee of a fixed amount has been paid.

Note. Payment must be made to the account of the State Tax Inspectorate No. LT24 7300 0101 1239 4300, Swedbank, payment code 5754. The amount of the state fee is **€22**.

ENCLOSED:

* **Note:** If you have submitted the documents supporting your professional qualifications to the **Authority** within the last 5 years, you do not need to re-submit them.

(Tick X)

- a copy of the identity document;
 a copy of the document to support a change of surname (if applicable);
 a copy of diploma*;
 a copy of certificate of internship*

(to be submitted once the professional qualification of a medicine doctor or dental practitioner has been acquired); must be submitted if you have obtained the professional qualifications of a medical doctor or dental practitioner

- a copy of the certificate of professional qualification (if applicable)*;
 a copy of the certificate of residency*

(to be submitted once the professional qualification of a medical specialist or dental specialist has been acquired); must be submitted if you have obtained the professional qualifications of a medical specialist or dental specialist

- a copy of an additional document to support professional qualification (if applicable)*;
 certificate(s) of professional experience and duration from the employer

(to be submitted, if person's occupation is doctor, dental practitioner, nurse, midwife, and the evidence of formal qualifications has been issued before the 1st of May 2004);

- an authorization if an application and documents are provided by an authorized person.

(name, surname, signature)