

Annex 4 to
Description of the procedure for issuing certificates to
persons aspiring to work according to a regulated
profession in the EU Member States, European
Economic Area States, or the Swiss Confederation

(Application Form for the Certificate of Good Standing)

(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 CERTIFICATE OF GOOD STANDING *

(date)

I hereby apply for the Certificate of Good Standing. Certificate are required for presentation in

(country)

Please issue the certificate in **Lithuanian** or **English**
(underline the 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:** *The application is to be submitted, when the competent authority in another country requests the re-approval of good standing and when more than 3 months have passed since the issuance of previous certificate of good standing.*

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

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 €8.*

(name, surname, signature)