



Állami Egészségügyi Ellátó Központ

National Healthcare Service Center



**DECLARATION
for foreign citizens about working out of Hungary**

Personal details

Basic registration number:

Surname:

Given name:

Name at birth:

Mother's maiden name:

Place and date of birth:

Nationality:

Me, (name) hereby declare that I am a health worker with foreign citizenship and I will never want to work in the area of health in Hungary, the permission for the health activity – certificate of the Hungarian operational registration – is only necessary due to the recognition of professional qualification abroad.

Because of the abovementioned it is not obligatory to have the membership of the chamber.

Date:.....

.....
Signature