

First and last name:

Date of birth:

Registered address:

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Address of correspondence:

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Phone number:

E-mail address:

**Health Minister
Miodowa Street 15
00-952 Warsaw**

APPLICATION

Based on the article art. 15p. paragraph 1 point 2 of the Act on the profession of doctor and dentist (Journal of Laws of 2023, item 1516), I kindly ask you to issue a Decision confirming that I have completed a 6-month practical training.

Please find attached:

- certificate confirming completion of studies in the field of medicine/dentistry,
- certificate confirming completion of the practical training in accordance with the program.

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Date and Signature of the Applicant

Attachments:

1. certificate confirming completion of the practical training,
2. certificate of completion of uniform master's studies in the field of medicine or dentistry.