

First and last name.....

Date of birth.....

Registered address.....

Address of correspondence.....

Phone number.....

E-mail address.....

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

APPLICATION

Based on article 15p item 1 point 2 of the Act of December 5, 1996 amending the act on Professions of Doctor and Dentist and Certain Acts (*Journal of Laws of 2024 item 1287*) I kindly ask you to issue a Decision confirming that I have completed a 6th 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 referred to in article 8 item 1 point 2 of the Act of July 16, 2020 amending in the Act of Profession of Doctor and Dentist and Certain Acts (*Journal of Laws of 2020 item 1291*) and published of the website of the Ministry of Health.

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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 medicine and dentistry