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Competent Authority:

MINISTER OF HEALTH

Contact Details.

Address: PL00952 WARSZAWA, MIODOWA 15

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Applications should be sent to:

MINISTRY OF HEALTH

DEPARTMENT OF SCIENCE AND HIGHER EDUCATION

PL00952 WARSZAWA, MIODOWA 15

The Application:

- COPY OF VALID IDENTIFICATION DOCUMENT;
- SWORN TRANSLATION OF THE NAME OF THE PROFESSION;
- DOCUMENTS ON PROFESSIONAL QUALIFICATIONS (DIPLOMA, CERTIFICATE, ETC)
- DOCUMENTS ON PROFESSIONAL COURSES;
- CURRICULUM – EDUCATION PROGRAMME;
- DOCUMENTS ON PROFESSIONAL EXPERIENCE INCLUDING INFORMATION ON TIME OF EMPLOYMENT;
- CERTIFICATE ON PROFESSIONAL QUALIFICATIONS ISSUED BY COMPETENT



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AUTHORITY INCLUDING THE LEVEL OF PROFESSIONAL QUALIFICATIONS IN
ACCORDANCE WITH ARTICLE 11 OF 2005/36/EC DIRECTIVE;

-DOCUMENT CONFIRMING FEE PAYMENT – 523 PLN; ACCOUNT NO:

Dzielnica Śródmieście m.st. Warszawy

ul. Nowogrodzka 43, 00-691 Warszawa

IBAN: PL60 1030 1508 0000 0005 5001 0038

SWIFT CODE: CITIPLPX

Further requirements:

-SUBMITTED DOCUMENTS SHOULD BE PRESENTED IN ORIGINAL OR AUTHORIZED
COPY

-APOSTILLE OR LEGALISATION OF DOCUMENTS IS NECESSARY

-SWORN TRANSLATION INTO POLISH OF DOCUMENTS ISSUED IN FOREIGN LANGUAGES

CASES ARE PRECEDED IN ACCORDANCE WITH 2005/36/EC DIRECTIVE – APTITUDE TEST
OR ADAPTATION PERIOD MAY BE NECESSARY DEPENDING ON INDIVIDUAL CASES.

APPROPRIATE KNOWLEDGE OF POLISH LANGUAGE IS NOT REQUIRED UNDER
CURRENT LAW, HOWEVER IT IS NECESSARY TO COMMUNICATE WITH PATIENTS OR TO
COOPERATE WITH MEDICAL PROFESSIONALS.