

**SLOVAK MEDICAL CHAMBER**  
**APPLICATION**  
for Certificate of Good Standing/Certificate of non-inclusion

**Fullfilled by applicant:** \_\_\_\_\_

Surname, name, title(s) .....

Birth and/or other surname ..... Date of birth .....

Address where to send the certificate .....

.....

Phone No., e-mail .....

No of years of experience ....., in health care facility .....

.....

Registration number/ID in SMC .....

I am applying for a certificate in language\*: (please choose one or more)

English

German

Slovak

In ..... date .....

.....  
(applicant's signature)

I hereby commence to inform the Slovak Medical Chamber about my new workplace address after starting a new job abroad for the sake of adjustment of the membership fee. In case of failing to do so I am fully aware of the obligation to pay the full membership fee in the SMC.

I hereby declare that there have not been lawfully imposed sanctions against me by the supervisory authorities pursuant to § 81 of Act No. 578/2004 Coll. on healthcare providers, health workers and professional organizations in the health sector and amending certain laws.

I hereby declare that there have not been lawfully imposed sanctions against me by the Office for Healthcare Surveillance according to § 50 of Act No. 581/2004 Coll. on health insurance companies and healthcare supervision, and amending and supplementing certain acts.

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\* Mark with a cross