Annex to the Description of the Procedure

for Recognition of the Regulated Professional Qualifications

of Third Country Nationals Assigned to the Area

of Supervision of the Ministry of Health

of the Republic of Lithuania, except for the Professional

Qualifications of Pharmacist and Assistant Pharmacist (Pharmacy Technician)

|  |  |
| --- | --- |
|  |  |
| *(name, surname)* |
|  |  |
|  |  |
| *(address, email, phone number)* |

To the State Health Care

Accreditation Agency under

the Ministry of Health

**APPLICATION**

**FOR RECOGNITION OF THE REGULATED PROFESSIONAL QUALIFICATIONS OF THIRD COUNTRY NATIONALS ASSIGNED TO THE AREA OF SUPERVISION OF THE MINISTRY OF HEALTH OF THE REPUBLIC OF LITHUANIA, EXCEPT FOR THE PROFESSIONAL QUALIFICATIONS OF PHARMACIST AND ASSISTANT PHARMACIST (PHARMACY TECHNICIAN)**

\_\_ \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_

I hereby request recognition of my professional qualification of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Reason behind the application for recognition of the professional qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(pursuit of the profession in the Republic of Lithuania or other)*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal code |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Number of the document proving person's citizenship |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of issue |  |  |  |  | year |  |  | month |  |  | day |

|  |  |
| --- | --- |
| Former or second surname, name(if they do not correspond to those indicated in the documents) |  |

|  |  |
| --- | --- |
| Name of the educational institution |  |

|  |  |
| --- | --- |
| Number of the document certifying the formal qualification |  |
| Date of issue |  |  |  |  |  |  |  |  |  |  |
| Date of acceptance into the educational institution |  |  |  |  |  |  |  |  |  |  |
| Speciality or professional qualification acquired |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Name of the educational institution |  |

|  |  |
| --- | --- |
| Number of the document certifying the formal qualification |  |
| Date of issue |  |  |  |  |  |  |  |  |  |  |
| Date of acceptance into the educational institution |  |  |  |  |  |  |  |  |  |  |
| Speciality or professional qualification acquired |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Total number of years of pursuit of the profession | ............................ year(s) |
|  |
| Number of years of pursuit of the profession during the recent 5 years | ............................ year(s) |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*(applicant's or authorised representative's name and surname)*

confirm that the data provided in the Application are correct.

**enclosed** (*please tick the documents only if enclosed)***:**

□ 1. Document proving person's citizenship

□ 2. Documents certifying the change of the surname (name) (if changed)

□ 3. Evidence of the formal qualification

□ 4. Document(s) certifying the duration and content of training, i.e. titles of the subjects completed, duration in hours, credits (if any)

□ 5. Certificate of assessment of higher education qualification and/or academic recognition of the qualification acquired abroad by the Centre for Quality Assessment in Higher Education

□ 6. Document(s) supporting applicant's professional experience and its duration (if any)

□ 7. Document(s) related to the applicant's professional qualification improvement (if any)

□ 8. Other documents supporting applicant's professional qualification (if any)

□ 9. Power of Attorney, if the Application is submitted by an authorised representative

**Notes**:

*The documents, except for the document referred to in section 1, shall be translated into Lithuanian, and the translation shall be certified by the document translator's signature and/or a seal of the translation agency.*

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name, surname) |