

Application Form

NAME	
SURNAME	
COUNTRY OF ORIGIN	
COUNTRY OR RESIDENCE	
SPOKEN LANGUAGES	
DEGREE	
SPECIALIZATION	

RECOGNITION OF PROFESSIONAL QUALIFICATION

DEGREE	YES	NO
SPECIALIZATION	YES	NO

CERTIFIED COPY OF THE DEGREE AT THE ITALIAN CONSULATE OF THE COUNTRY OF ORIGIN

YES NO

CERTIFIED COPY OF THE SPECIALIZATION/MASTER'S DEGREE AT THE ITALIAN CONSULATE OF THE COUNTRY OF ORIGIN

YES NO

CERTIFIED TRANSLATION IN ITALIAN OF THE DEGREE/SPECIALIZATION CERTIFICATES

YES NO

PROFESSIONAL REGISTRATION TO THE NATIONAL MEDICAL REGISTER IN THE COUNTRY OF ORIGIN

YES NO

Please specify if you are professionally registered as:

- MD
- SPECIALIST

AVAILABILITY TO RELOCATE

YES NO

TIME NEEDED TO RELOCATE (please specify)