

COLLEGE OF VETERINARY PHYSICIANS  
EXECUTIVE OFFICE



The Procedure for the temporary/occasional provision of veterinary health care services by the veterinary physicians residing in one of the Member States of the European Union, in another State belonging to the European Economic area or the Swiss Confederation

(as per Title II of the Directive 2005/36/CE)

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Statement for entry in the Register of veterinary physicians providing temporary / occasionally veterinary health care services on the Romanian territory

The document is addressed to veterinary physicians residing in one of the Member States of the European Union, in another State belonging to the European Economic area or the Swiss Confederation wishing to provide veterinary medical services on a temporary /occasional basis in Romania in accordance with the provisions of *Title II of the Directive 2005/36/EC on the recognition of the professional qualifications.*

Notice: Do not fill in this form in case you wish to apply for permanent residence in Romania.

1. This statement is intended to:

The first provision of veterinary health care services in Romania or material changes concerning the situation set out in the documents submitted for the provision of services [Sections 2-8 to be filled in]

Annual renewal of the statement [Sections 2-6 and 9-11 to be filled in the]

2. Personal data:

2.1. Surname:

First name:

2.2. Nationality: .....

Citizenship: \_\_\_\_\_

- AT BE CY CZ DE DK EE EL ES FI FR
- HU IE IT LT LV LU MT NL PL PT SI SK
- SE UK BG RO IS LI NO  Others.....

**2.3. Passport number [number, issuing country]:**

**or,**

**Number of identity card [number, issuing country]:**

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**2.4. Sex:**     Male                       Female

**2.5. Date of birth:** Day  Month  Year

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**2.6. Place of birth [city, country]:**

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**2.7. Contact data**

**2.7.1. Coordinates of the organization in which the provider carries out the activity of a veterinary physician in the Member State of residence**

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Denomination of the organization (veterinary medical unit/ higher education institution/ others):

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Full address:

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Phone (country code included):

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Fax (country code included):

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e-mail:

**2.7.2. Contact data of the provider in the Member State of residence**

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Official address:

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Phone (country code included):

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Fax (country code included):

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e-mail:

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**2.8. Contact data**

**2.8.1. Coordinates of the organization in which the provider carries out the activity of a veterinary physician in Romania**

Denomination of the organization (veterinary medical unit/ higher education institution/ others):

Full address:

Phone (country code included):

Fax (country code included):

e-mail:

**Veterinarian who will supervise the activity during the course of it**  
Name

Seal number

**2.8.2. Contact data of the provider in Romania**

Official or mailing address:

Phone (country code included):

Fax (country code included):

e-mail:

**3. Legal residence in one or more Member States:**

For the purposes of this Statement, the term "legal residence" indicates the profession practicing in accordance with the rules relating to the professional qualifications, including the corresponding requirements of professional training, as well as all the rules specific to the profession practicing. The legal residence implies the exclusion of any prohibition, even if it is temporary, to practice the profession.

3.1. Are you legally resident in one or more Member States, with the purpose of practicing the veterinary physician profession?

YES

NO

In case of an affirmative answer, in which of the following Member States are you legally resident?

- AT  BE  CY  CZ  DE  DK  EE  EL  ES  FI  FR
- HU  IE  IT  LT  LV  LU  MT  NL  PL  PT  SI  SK
- SE  UK  BG  RO  IS  LI  NO  Others.....

Other comments:

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3.2. Are you member of a professional association or an equivalent body?

- YES  NO

In case of an affirmative answer, please mention the professional association or the equivalent body you are part of, offering relevant contact data and your registration number.

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3.3. Are you certified by a competent authority?

- YES  NO

In case of an affirmative answer, please mention the competent authority, offering relevant contact data and your registration number.

**4. Language knowledge:**

4.1. Native language:

- AT  BE  CY  CZ  DE  DK  EE  EL  ES  FI  FR
- HU  IE  IT  LT  LV  LU  MT  NL  PL  PT  SI  SK
- SE  UK  BG  RO  IS  LI  NO  Others.....

4.2. Other known international languages:

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4.3. The level of knowledge of the Romanian language:

Understanding  beginner  medium  advanced

Speaking  beginner  medium  advanced

Writing  beginner  medium  advanced

**5. Profession of veterinary physician:** 5.1. Indicate the official qualification title in the profession of a veterinary physician in the official language of the Member State in which you are resident (if you are resident in several Member States, please indicate this qualification title in the official language of all Member States in which you are resident):

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5. 2 Indicate the University / Faculty graduated, the date and number of the diploma / certificate of graduation

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5. 3. Indicate the professional activities you are carrying out in the Member State of residence:

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5. 4. Indicate the professional activities you intend to develop in Romania on a temporary/occasional basis:

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5. 5. Indicate the period/periods when you wish to provide veterinary health care services in Romania

	Day	Month	Year		Day	Month	Year
From	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	to	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
From	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	to	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
From	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	to	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**6. Professional insurance** 6.1. Please indicate the following details as regard the object of insurance:

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Name of the insurance company:

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Number of the insurance contract:

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Limit of indemnity:

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6.2. The insurance mentioned at 5.1. includes protection of practicing the professional activities in Romania?

YES

NO

Other comments:

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**7. Documents accompanying the statement**

Select the right documents accompanying this statement:

Proof of the nationality of the provider

Proof of professional qualification

Proof that the competent authorities of the Member State of establishment attest that at the time of issuing this document the holder is legally established in his territory for the exercise of veterinary activities and was not forbidden to exercise them even temporarily, as the case may be.

**8. Declaration on honour:**

I declare that the information provided in this statement is correct and I intend to provide veterinary medical services on a temporary /occasional basis.

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**(Please print out)**

Signature:

Date:

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**9. Information regarding the renewal:**

9.1. Which is the period (periods) when you have provided veterinary health care services in Romania?

	Day	Month	Year		Day	Month	Year
From	<input type="text"/>	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>
From	<input type="text"/>	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>
From	<input type="text"/>	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>
From	<input type="text"/>	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>
From	<input type="text"/>	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other comments:

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9.2. Indicate the professional activities carried out during the period you have provided veterinary health care services:

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**10.** Other details regarding changes of the support documents from point 6.1.

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**11. Declaration on honour:** I declare that the information provided in this renewal statement is correct and I intend to provide services on a temporary /occasional basis.

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**(Please print out)**

Signature:

Date:

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**Once completed, this statement will be printed, signed with the handwritten signature\* of the applicant and sent to:**

**Executive Office of the National College of Romanian Veterinarians  
Splaiul Independenței street, no. 105  
district 5, Bucharest  
Zip code 050097**

**or scanned at the email address:**

**office@cmvro.ro**

**or by fax:0040213194505**

**NOTE: \*** If you send through the Unique Point of Contact, the statement shall bear the digital signature of the applicant.