

## COLLEGE OF ROMANIAN VETERINARIANS EXECUTIVE BUREAU

Procedure for the temporary/occasional provision of veterinary medical services by veterinarians established in one of the Member States of the European Union, in another State of the European Economic Area or the Swiss Confederation (in accordance with Title II of Directive 2005/36/EC)

## Declaration for the registration in the Register of Veterinary Surgeons providing temporary/occasional veterinary medical services on Romanian territory

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

This declaration is valid for a maximum of one year from the date of submission/submission, with the possibility of subsequent renewal.

Attention: Do not fill in this form if you want to apply for permanent establishment in Romania.

1. This declaration is	for:  □ first supply of veterinary medical services in Romania, or material changes in the situation established in the documents submitted in connection with the provision (s) of services [To complete sections 2 to7]
	$\Box$ annual renewal of the declaration [To complete sections 2 to 7 and 8 to 11]
2. Personal data:	2.1. Name: First Name:
	2.2. Nationality:
	Citizenship:
	$\Box$ AT $\Box$ BE $\Box$ CY $\Box$ CZ $\Box$ DE $\Box$ DK $\Box$ EE $\Box$ EL $\Box$ ES $\Box$ FI $\Box$ FR
	$\Box$ HU $\Box$ IE $\Box$ IT $\Box$ LT $\Box$ LV $\Box$ LUMT $\Box$ NL $\Box$ PL $\Box$ PT $\Box$ AND
	□SK □SE □UK □BGRO □IS □LI □NO□Other

	2.3. Passport number [number, issuing country]:
	Identity card number [number, issuing country]:
	2.4. Sex: Male
	2.6. Place of birth [town, country]:
	2.7. Contact details
	2.7.1. Contact details of the provider in the Member State of establishment
	Legal address:
	Telephone (with country code):
	Fax (with country code):
	e-mail:
	2.7.2. Contact details of the provider in Romania  Telephone (with country code):
	Fax (with country code):  e-mail:
3. Legal establishme or more States members:	nt in one For the purposes of this declaration, "legal establishment" means practice the profession in accordance with the regulations on professional qualification, including training conditions related, as well as all the rules specific to the exercise of the profession.  Legal establishment entails the exclusion of any prohibition, even if it is temporary, from exercising the profession.  3.1. You are legally established in one or more Member States for the purpose of exercising the profession of veterinary surgeon?

 $\square$  YES  $\square$  NO

	If yes, in which Member States are you legally established?
	□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□Other
	Other details:
3.2.	You are part of a professional association or equivalent body?
	$\square$ YES $\square$ NO
	If yes, please indicate your professional association or equivalent body, providing the relevant contact details and your registration number.
3.3	. Are you authorized by a competent authority?
	$\square$ YES $\square$ NO
	If yes, please indicate the competent authority, providing the relevant contact details and your registration number.
4. Knowledge of languages:	
4.1	. Languages known:
	□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□Other
	* Knowledge of Romanian is not required!

5. Professional insurance	Name of insurance company:
	Number of the insurance contract:
	Limit of compensation:
	5.2. The insurance referred to in 5.1 includes the protection of practice professional activities in Romania?
	□ YES □ NO
	Other details:
6. Documents annexed to the Declaration	Based against the documents accompanying this declaration:  □ Proof of the nationality of the provider;
	☐ Proof of professional qualification; ☐ Proof by which the competent authorities of the Member State of establishment attest that, at the time of issue of this document, the holder is legally established in its territory for the purpose of carrying out the activities of veterinary surgeon and has not been prohibited from exercising such activities, even on a temporary basis, as the case may be.
7. Self-declaration liability:	I declare that the information provided in this declaration is correct and I intend to provide veterinary medical services on temporary /occasional basis.
	(Please print)
	Signature:
	Date:
8. Information on renewal:	9.1. What is the period (s) during which you provided healthcare veterinary in Romania? (Optional)
	Day Month Year  From \( \sum \subseteq / \sum \subseteq \subseteq \text{to} \supseteq \supseteq \subseteq
	From $\square \square / \square \square / \square \square \square \sqcup to \square \square / \square \square / \square \square \square$

	From \( \Bigcup \Bigcu
	From $\square$ $\square$ $/$ $\square$ $ $ $ $ $ $ to $ $ $ $ $ $ $ $ $ $ $ $
	Other details:
<b>9.</b> Further specification of	of changes to the underlying documents as of 6.
10. Self-declaration liability:	I declare that the information provided in this renewal declaration is correct and I intend to provide veterinary medical services on temporary /occasional basis.
	(Please print) Signature:
	Date:
	This following the addition shall be printed, signed with the applicant handwritten signature $^{\ast}$ and forwarded to:

**Executive Bureau of the National Council of the College of Romanian** Veterinarians

Splaiul Independentei, nr. 105 sector 5, Bucharest, Postcode 050097 or scanned via e-mail address: office@cmvro.ro or by fax: 004021319450

NOTE: \* If submitted via the Single Point of Contact – Declaration will bear the applicant's digital signature.