**Instructions for filling in the application form**

The application form is an official document necessary for initiating the procedure of the temporary registration of a doctor i.e. entry in the Register of Doctors practising in the Republic of Croatia on a temporary and occasional basis.

* Please fill in legibly points 1, 2, 4, 5 and 6 of the form.
* Please pay special attention to point 2.1. and indicate the correct name of the professional qualification ***(doctor of medicine*** or ***medical specialist – indicate the specialist field)*** based on which the doctor will practise the medical profession in the territory of the Republic of Croatia.
* The procedure cannot officially start unless the form has been correctly and completely filled in and delivered.
* **By signing the application form, the applicant guarantees that the information submitted is true and correct.**
* If during the recognition procedure, the information about the applicant changes, **it is necessary to inform the Croatian Medical Chamber in writing**.