Nr. înregistrare \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F7**

**Cerere**

de eliberare a notei de transfer

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| Subsemnatul/Subsemnata, |
| domiciliat/ă în |

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| str. |

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| sector/județ cod poștal | | | | | | | | | |
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| membru al Colegiului Medicilor Stomatologi din România din data de | | | | | | | | | |
| posesor al/posesoare a certificatului de membru seria | nr. | | | | | | | | |
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| nr. registru unic | |  |  |  |  |  |  |  |  |

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| solicit aprobarea transferului la Colegiului Medicilor Stomatologi |  |

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| începând cu data de |  | și eliberarea notei de transfer corespunzătoare. |

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| Motivul transferului îl constituie schimbarea |  | |
| Precizez că până la această dată mi-am exercitat profesia în cadrul | |  |

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| Data |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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Semnătura