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|  |  |  | **Potvrdenie zamestnávateľa o praxi zamestnanca** | | | | | | |  |  |  |  |
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|  |  |  | **Sídlo zamestnávateľa** | |  |  | | | |  |  |  |  |
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|  |  |  | **potvrdzuje, že** | | | | | | |  |  |  |  |
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|  |  |  | **Zamestnanec** | |  |  |  |  |  |  |  |  |  |
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|  |  |  | Meno, priezvisko, titul | |  |  | | | |  |  |  |  |
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|  |  |  | Dátum narodenia | |  |  | Rodné číslo |  | |  |  |  |  |
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|  |  |  | Registračné číslo v SK | |  |  | | | |  |  |  |  |
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|  |  |  | **je u nás zamestnaná/ý na pracovnej pozícii:** | | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | a) sestra\* | |  | b) fyzioterapeut\* | | \*nehodiace sa prečiarknite | |  |  |  |  |
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|  |  |  | **Dĺžka výkonu zdravotníckeho povolania:** | | | |  |  |  |  |  |  |  |
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|  |  |  | **V prípade prerušenia výkonu povolania , z dôvodu materskej a rodičovskej dovolenky uveďte údaj - časové trvanie:** | | | | | | | |  |  |  |
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|  |  |  |  |  |  |  | pečiatka a podpis zamestnávateľa | | |  |  |  |  |
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