***Prior Declaration***

**TEMPORARY AND Occasional cross-border service providers of the professional activity of dentist**

(in accordance with the provisions of Article 7 of the Directive 2005/36/EC of the European Parliament and of the Council, of 7 September 2005 on the recognition of professional qualifications in its present form, article 5 of Law n.º 9/2009, of 4 March, in its present form, article n.º 36 of Law n.º 2/2013 of 10 January and article n.º 12, paragraph 1 of OMD’s Statute and Order (Portaria) n.º 35/2012 of 3 February)

**1. Identification of the declarant:**

1.1. Full name:

1.2. Nationality(ies):

1.3. Passport/National Identification Document nº: [●] /Issuing country and validity:

1.4. Address (national and/or of e Member State of establishment):

1.5. Telephone/Mobile phone:

1.6. Email:

1.7. Identification of the Member State of establishment:

**2. Profession**:

2.1. Professional title of the Member State(s) of establishment:

2.2. Practice of the profession of Dentist in Portuguese territory:

 - Indication of the period of time: from (date)………. to (date)………

 - Indication of clinic or entity:

 - Indication if it is in training context

If yes – indication of clinic or entity

2.3. Identification of the competent authority of the Member State of establishment.

**3. Professional Insurance**

3.1 – Identification of insurance company or other means of personal or collective protection with regard to professional liability for acts inherent to the practice of the activities referred in point 2.1

3.2 – Policy number:

3.3 – Address of the insurance entity:

3.4 – Telephone of the insurance entity:

3.5 – Email of the insurance entity:

**4. Documents that shall accompany the present declaration:**

- proof of the nationality of the service provider.

- evidence of professional qualifications;

- Document /Professional Licence/declaration of “good standing” issued by competent authority of the Member State of establishment

- evidence of no criminal convictions.

- Declaration of knowledge, by the declarant, of the necessary language skills to practice the profession in national territory.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes**:

1. For the purposes of the prior declaration, the service provider may adopt the present declaration model or other, granted that it contains the same elements herein.
2. If the service provider is established in more than one Member State, please provide the information regarding each Member State.