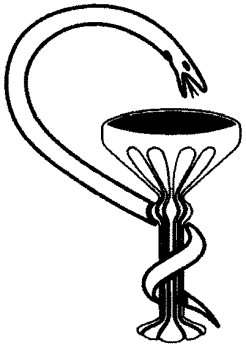
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**FARMACEUTSKA KOMORA CRNE GORE**

**EVIDENCIONI LIST - PRIJAVA**

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***prezime, očevo ime i lično ime***

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***dan, mjesec, godina i mjesto rođenja, matični broj***

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***mjesto stanovanja – adresa i broj telefona***

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***naziv zdravstvene ustanove u kojoj ste zaposleni, adresa i broj telefona***

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***naziv privatne apoteke ili državnog oblika organizovanja zdravstvene djelatnosti – adresa i broj telefona***

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***specijalizacija***

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***dan, mjesec, godina i mjesto diplomiranja, prosjek***

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***dan, mjesec, godina i mjesto prvog zaposlenja***

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***dužina radnog staža***

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***dosadašnje kretanje u službi***

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***specijalizacija i studijski boravci u zemlji***

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***naučno zvanje – nastavno zvanje***

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***stručno zvanje***

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***magistratura – tema i odbrana***

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***doktorska disertacija***

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***naučno – istrživački projekti***

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***članstvo u stručnim i naučnim komisijama u zemlji i inostranstvu***

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***poznavanje stranog jezika (kojeg) aktivno i povremeno***

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***izdati udžbenici i monografije***

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***aktivnosti u humanitarnim organizacijama i kojim***

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***rukovodeće funkcije profesionalne i društvene***

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***nagrade***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***oboljenja u vezi profesije – bolest od zavisnosti, hronična i sistematska oboljenja***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***kazne – profesionalna i krivična djela iz oblasti morala***

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***Podnosilac***