

**IN ORDER TO ACQUIRE MEMBERSHIP (REGISTRATION) IN UHPRA
YOU MUST FOLLOW THE FOLLOWING RECOMMENDATIONS:**

1. On the main page, in the header of the site, go to the link

(create a profile - <https://uhpra.org/add-register/>);

2. Read the instructions in detail, which consists of 6 steps, namely:



3. Requirements for creating a personal profile (information web page).

18 years old

Acquaintance with the activities of UHPRY and support of its goals and objectives

Filling out the application in Appendix 1

Membership payment receipt (registration);

Scan copies of documents about:

about the current professional status;

about an impeccable reputation;

about acquired experience;

about educational qualification and specialty;

about pre-diploma training;

about postgraduate training and advanced training;

about the right to medical practice;

about the absence of a criminal record;

on membership and participation in public organizations, unions, associations;

4. Choose the application and documents submission form

Online form <https://uhpra.org/add-register/>

Email info@uhpra.org

Whatsapp +44 7896 83631 or +38 (098) 437 30 08

5. Wait for feedback.

Appendix 1

Ukrainian health professional registration Agency
Sholudenka street, 3-B, Kyiv, 04116

APPLICATION

I, doctor _____, having familiarized myself with the Charter of the Agency, sharing its purpose and tasks, in connection with the notification of the launching of the Autonomous Register of Health Professional Workers, provide my personal data and documents for ARHPW with the purpose of acquiring membership and creating my personal user's informative webpage (interface):

№	Information	Information about an employee of medical, pharmaceutical, dental and other professional fields of healthcare in the registration of professional status and recognition of acquired qualifications
1.	Full name	
2.	About current professional status	
3.	About reputation	
4.	About acquired experience	
5.	About obtained education and specialty	
6.	About pre-graduate training	
7.	About right to carry out medicine practice	
8.	About post-graduate and advanced training	
9.	About personal data	
10.	About absence of criminal records	
11.	About membership in public associations, professional associations	
12.	Documents that confirm mentioned above	

I confirm that the mentioned above information is accurate and I allow it to be processed and used as my personal data.

In the case of some changes in the information about me entered or to be entered into the ARHPW I will immediately notify the Agency of such changes in writing form or in person within 3 (three) days.

November 11, 2022. _____ */FULL NAME/*
(signature) (FULL NAME)