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|  | Meta-overzicht van de uitgevoerde deskundigenonderzoeken volgens het Koninklijk besluit tot uitvoering van artikel 5, § 3, van de wet van 5 mei 2014 betreffende de internering. |  |
|  | /////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////// | |
|  | **Afdeling Vlaamse Zorgkas en Zorgberoepen**  **T** 1700 – [www.departementzorg.be](http://www.departementzorg.be) | |
|  | *Waarvoor dient dit overzicht?*  Dit overzicht bevat de gegevens van de 40 uitgevoerde deskundigenonderzoeken, waarvan minstens 10 hoofdonderzoeken – cf. Koninklijk besluit tot uitvoering van artikel 5, § 3, van de wet van 5 mei 2014 betreffende de internering.  *Wanneer en hoe kunt u dit overzicht indienen?*  Dien het overzicht samen met alle andere bewijsstukken voor de erkenning in via het e-loket  ([www.zorg-en-gezondheid.be/het-e-loket](http://www.zorg-en-gezondheid.be/het-e-loket)) vanaf 3 maanden vóór het einde van uw opleiding als arts-specialist.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Identificatie van de aanvrager | | | | | | | | |  | | | | | | | | | | Vul hieronder uw persoonlijke gegevens in. | | | | | | | | | voor- en achternaam |  | | | | | | | | geboortedatum | dag |  | maand |  | jaar |  |  | | e-mailadres |  | | | | | | | | specialisatie |  | | | | | | | | |

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|  | | | **Datum deskundigenonderzoek** | | |  | **Code/ initialen** |  | **Voldoende** |  | **Onvoldoende** |  | **Handtekening lokale forensische stagemeester** |  |
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|  | | | **Totaal aantal deskundigenonderzoeken** | | |  |  |  |  |  |  |  |  |  |

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|  |  |  | |  | | --- | | Ondertekening door de aanvrager |   Ik verklaar op erewoord dat de informatie in deze aanvraag correct is. | | | | | | |
|  | datum | | | dag |  | maand |  | jaar |  |
|  | Handtekening kandidaat | | |  | | | | | |