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|  | **STATE OF ISRAEL**  |  | **MINISTRY OF HEALTH** |  |
|  | Certification of an Expert Degree |  |
|  | Expert Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | I hereby certify that **Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** I.D. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_Is licensed to practice the medical profession of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_And is registered as an EXPERT in the field of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  | In the *expert degree* registry according to section \_\_\_\_ of the \_\_\_\_\_\_\_\_\_\_\_\_ regulations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Applicability of the degree at the State of Israel starts from \_\_\_\_\_\_\_\_\_\_\_ |  |
|  | General Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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|  | File No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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