



УНИВЕРЗИТЕТ У ИСТОЧНОМ САРАЈЕВУ
UNIVERSITY OF EAST SARAJEVO

Стефана Немање бр. 5 71123 Источно Сарајево, Република Српска, БиХ
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Reference: 4184/26

Date: October 2nd 2026

University of East Sarajevo, Faculty of Medicine Foča, a member institution, hereby announces

PUBLIC ANNOUNCEMENT

For enrolment in the lifelong learning programme "PROFESSIONAL TRAINING OF DOCTORS OF MEDICINE FOR THE PURPOSE OF PREPARING FOR THE PROFESSIONAL EXAMINATION"

The University of East Sarajevo, **Faculty of Medicine Foča**, invites interested candidates to enrol in the lifelong learning programme "Professional Training of Doctors of Medicine for the Purpose of Preparing for the Professional Examination."

The programme was approved by the Decision of the Senate of the University of East Sarajevo, **No. 01-C-275-105/26 of 16 July 2026**.

Upon successful completion of the professional training programme and passing the knowledge assessment examination, participants shall be issued the appropriate certificate.

Theoretical and practical instruction shall be conducted in accordance with the adopted Study Programme (Elaborate), which was adopted by the Decision of the Senate of the University of East Sarajevo, **No. 01-C-275-105/26 of 16 July 2026**.

Doctors of medicine may apply for the programme.

When applying, candidates shall submit the following documentation:

1. Completed application form (provided below in this announcement);
2. Diploma/certificate of completion of the Faculty of Medicine, study programme Medicine (certified photocopy).

The costs of attending the aforementioned programme amount to **KM 1,500.00 / KM 3,000.00 per participant**.

CANDIDATES ARE HEREBY INFORMED THAT THIS ANNOUNCEMENT SHALL REMAIN OPEN FOR 8 DAYS FROM THE DATE OF ITS PUBLICATION ON THE WEBSITES OF THE FACULTY OF MEDICINE FOČA AND THE UNIVERSITY OF EAST SARAJEVO.

Candidates shall submit the enrolment documentation in person to the Student Affairs Office of the Faculty of Medicine Foča.

Submitted to:

1. Web site
2. a/a



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APPLICATION FORM

“PROFESSIONAL TRAINING OF DOCTORS OF MEDICINE FOR THE PURPOSE
OF PREPARING FOR THE PROFESSIONAL EXAMINATION”

Name (name of one parent) and surname:

Date of birth: _____ Place of birth: _____,
municipality: _____ Citizenship:

Permanent residence address: _____

Contact: Tel. _____ E-mail:

Previously acquired education: _____

Reason for application:

1. Requirement of the candidate's country to take the professional examination;
2. Other reason (please specify):

Applicant's Signature
