**Profesionālās darbības pārskats**

(iesniegšanai Latvijas Skaistumkopšanas speciālistu asociācijas sertifikācijas komisijā)

(*Profesionālās darbības pārskata veidlapa Sertificējamai ārstniecības personai apstiprināta* ar Latvijas Skaistumkopšanas speciālistu asociācijas *23.03.2015. padomes lēmumu).*

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| Ārstniecības persona | Vārds | Uzvārds |
|  |  |
| Profesionālā kvalifikācija |  | |
| Kvalifikācijas līmenis |  | |
| Darba vieta |  | |
| Pārskata periods | \_\_\_.\_\_\_.\_\_\_\_\_\_\_\_. - \_\_\_.\_\_\_.\_\_\_\_\_\_\_\_. | |
| Ārstniecības persona/as, kura/as vadīja vai uzraudzīja darbu pārskata periodā | 1.  2.  3. | |

1.Pārskata periodā veikto amata pienākumu īss apraksts (atspoguļojot darba apjomu, intensitāti, kvalitāti) :

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(ārstniecības personas paraksts) (paraksta atšifrējums)