

The personal data that you provide on this form will be entered in a case management system. If you are eligible to receive a licence we always search the Swedish police records as a last step. If you receive a licence this will be registered in The National Board of Health and Welfare's register of licenced healthcare professionals (HOSP).

**APPLICATION FORM
for a licence to practice for those
educated within the EU or EEA
(outside of Sweden)**

Send this form to
Socialstyrelsen
Behörighet
SE-106 30 Stockholm
Sweden
or to
socialstyrelsen@socialstyrelsen.se

Personal details

Last name, first name, middle name (write your first name in capitals)		Swedish personal identity no. or date of birth	
Address (to where we send the decision regarding your application)		Phone	
Postal code	City and country		
Email address		Gender <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Other	

I apply for a licence to practice as a/an

<input type="checkbox"/> Audiologist	<input type="checkbox"/> Doctor of Medicine	<input type="checkbox"/> Optician	<input type="checkbox"/> Psychotherapist
<input type="checkbox"/> Biomedical scientist	<input type="checkbox"/> Medical physicist	<input type="checkbox"/> Orthopaedic engineer	<input type="checkbox"/> Radiographer
<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Midwife	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Speech therapist
<input type="checkbox"/> Dental hygienist	<input type="checkbox"/> Naprapath	<input type="checkbox"/> Physiotherapist	
<input type="checkbox"/> Dental practitioner	<input type="checkbox"/> Nurse responsible for general care	<input type="checkbox"/> Prescriptionist	
<input type="checkbox"/> Dietitian	<input type="checkbox"/> Occupational therapist	<input type="checkbox"/> Psychologist	

<input type="checkbox"/> I have paid the application fee	Payment date (YYYY-MM-DD)
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Education

Place of education (country)	
Degree/Title	Year of graduation
No. of years/semesters that the programme lasted	Date on which you obtained a licence or approval to practice in the country where you were educated
Have you ever obtained a licence or approval to practice in a country other than where you were educated? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which country?	

Other information

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Checklist: please submit the right documents

If you are educated outside but have worked within the EU or EEA, you will find more information about how to apply and which documents to submit on our website.

For those who have licence to practice in a Nordic country (outside Sweden)

When you apply, please submit

- An extract from the Swedish population register (personbevis), which is not older than three months, if you have a Swedish personal identity number (personnummer), or a certified copy of your valid passport.
- A certificate or diploma attesting to your language skills.
- A copy of your diploma.
- A document showing name change if you have changed your name since you completed your education.
- An account statement or an image that shows that you have paid the application fee.

If you apply as a/an **audiologist, dietitian, medical physicist, naprapath, orthopaedic engineer or psychotherapist**, please also submit

- A certificate showing your level of education under article 11 in directive 2005/36/EC.
- A document from the school or college where you were trained which describes the courses you completed, their content and duration.

For those educated within the EU or EES (outside the Nordic countries)

When you apply, please submit

- An extract from the Swedish population register (personbevis), which is not older than three months, if you have a Swedish personal identity number (personnummer), or a certified copy of your valid passport.
- A certificate or diploma attesting to your language skills.
- A copy of your diploma.
- A document showing name change if you have changed your name since you completed your education.
- A certificate which is not older than three months to show that you are not prohibited from pursuing your profession, such as a Certificate of Good Standing or Certificate of Current Professional Status (if it is not available, please send an extract from your country's criminal records).
- An account statement or an image that shows that you have paid the application fee.

If you apply as dental practitioner, doctor of medicine, midwife, nurse responsible for general care or pharmacist, please also submit a certificate which confirms that you meet one of these articles in EU directive 2005/36/EC

Pharmacist

- 23
- 44

Doctor of medicine

- 23
- 24

Dental practitioner

- 23
- 34
- 37

Midwife

- 23
- 40 and 41
- 43
- 43a

Nurse responsible for general care

- 23
- 31
- 33
- 33a

For **any other profession**, please also submit

- A certificate showing your level of education under article 11 in directive 2005/36/EC.
- A document from the school or college where you were trained which describes the courses you completed, their content and duration.

- All documents submitted to my application written in any other language than Swedish, Danish, Norwegian or English are translated.
- All copies submitted to my application are certified correctly.

Date

Your signature (not needed if you send your application by email)