

The personal data that you provide on this form will be entered in a case management system. If you receive a specialist qualification this will be registered in The National Board of Health and Welfare's register of licensed healthcare professionals (HOSP).

APPLICATION FORM
for a specialist qualification
for those educated within the EU or EEA
(outside 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	

Profession

<input type="checkbox"/> Doctor of medicine	<input type="checkbox"/> Dental practitioner
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I apply for specialist qualification in

<input type="checkbox"/> I have paid the application fee	Payment date (YYYY-MM-DD)
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Specialist training or equivalent in the place of education (country)

Specialist qualification	Date on which you obtained specialist qualification or equivalent
No. of years that the specialist training lasted	Place of education (country)
Have you ever obtained a specialist qualification in a country other than where you were educated? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which country/countries?	

Other information

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Check list: please submit the right documents

If you are specialist trained outside but have worked as a specialist doctor of medicine 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 recognition of special qualification 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 copy of your specialist qualification.
- 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.

For those with a specialist qualification from the EU or EEA but 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 copy of specialist qualification.
- A document showing name change if you have changed your name since you completed your education.
- A Certificate of Good Standing or any other document that shows that you are not prohibited from pursuing your profession, not older than three months.
- An account statement or an image that shows that you have paid the application fee.

Please also submit a certificate which confirms that you meet **one of these articles** in EU directive 2005/36/EC

Doctor of medicine

Dental practitioner

- 23
- 25
- 27
- 28

- 23
- 35

If you cannot get any of these certificates from the competent authority, you may instead submit

- Document from your specialist training which describe the courses you completed, their content and duration.

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

Date

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

For more information about how to apply and your application fee, please see your profession on our website.
<http://legitimation.socialstyrelsen.se/en/educated-within-eu-or-eea>