

The personal data that you provide on this form will be entered in a case management system.

Send this form to
Socialstyrelsen
Behörighet
SE-106 30 Stockholm
Sweden

Personal details

Last name, first name, middle name		Swedish personal identity no. or date of birth
Address		Phone
Postal code	City	Gender <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Other
E-mail address		

Profession

<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Orthopaedic Engineer	<input type="checkbox"/> Nurse responsible for general care
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Dental Hygienist
<input type="checkbox"/> Audiologist	<input type="checkbox"/> Speech Therapist	<input type="checkbox"/> Psychotherapist	<input type="checkbox"/> Dental practitioner
<input type="checkbox"/> Midwife	<input type="checkbox"/> Doctor of Medicine	<input type="checkbox"/> Prescriptionist	
<input type="checkbox"/> Biomedical Scientist	<input type="checkbox"/> Naprapath	<input type="checkbox"/> Radiographer	
<input type="checkbox"/> Dietitian	<input type="checkbox"/> Optician	<input type="checkbox"/> Medical Physicist	

Education

<input type="checkbox"/> College/University	<input type="checkbox"/> Upper Secondary/Vocational School	<input type="checkbox"/> Other Post-secondary Education/Vocational School
Country		
Name of school, city		
Degree/Title		Year graduated
No. of years/semesters that the programme lasted	Year and month the programme started	Year and month the programme ended
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?

Compulsory and secondary school education

Country	No. of years of compulsory school education
	No. of years of upper secondary education

Professional practice after graduation

Employer	Title	Period (yymmdd-yymmdd)

You will find more information about how to apply and which documents to submit on our website.
<http://legitimation.socialstyrelsen.se/en/educated-outside-eu-and-eea>

I agree that the Swedish National Board of Health and Welfare may contact the authorities in the country where I was educated.

Yes No

I certify that the information I have provided on this form is correct.

Date	Signature
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