

Send your application to
Socialstyrelsen
Behörighet
106 30 STOCKHOLM

You can also apply digitally on the website

Personl data

Surname, all given names (<u>underline the given name you use</u>)		Personal identity number, coordination number or date of birth
Address		Telephone number
Postal code	City	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Email address		

Education

Country of education	
Degree/professional title	Graduation year
Length of education	Date you became licensed/qualified in your country of education
Are you licensed/qualified in a country other than the country in which you were educated? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which country/countries?

Enclose the following documents with your application. For persons educated within the EU, EEA or Switzerland

<input type="checkbox"/> A bank statement or receipt showing that the application fee was paid <input type="checkbox"/> A copy of a valid Swedish ID or a copy of your valid passport <input type="checkbox"/> Documentation on name change if you changed your name after completing your education <input type="checkbox"/> Copies of documents verifying completed education in health and nursing care, such as final grades/transcripts <input type="checkbox"/> Documents from the school or university at which you were educated describing which courses you have taken, and the contents and duration of these courses <input type="checkbox"/> Certificate of Current Professional Status/Certificate of Good Standing <input type="checkbox"/> Certification of language skills in Swedish, Norwegian or Danish

<input type="checkbox"/> I have checked that all documents written in languages other than Swedish, Danish, Norwegian or English are translated

Have you worked in your profession after completing your education?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer	Profession	Period (YYMMDD–YYMMDD)		

Date	Your signature

For documentation requirements and further information about your application, please see <https://legitimation.socialstyrelsen.se/>

Information on how your personal data is processed

The personal data that you provide in your application is registered in a case management system with the National Board of Health and Welfare. The processing of personal data is necessary to process your application and is performed as part of our exercise of official authority. Information concerning the certificate of the right to use the protected title assistant nurse is also entered in the National Board of Health and Welfare's register in accordance with förordning (2006:196) om register över legitimerad hälso- och sjukvårdspersonal och personal med bevis om rätt att använda yrkestiteln undersköterska (ordinance on the registration of licensed health care personnel and personnel certified to use the protected title assistant nurse. The information in the register is automatically updated with population register data. This personal data processing is necessary for the execution of a task carried out in the public interest. The National Board of Health and Welfare is responsible for the processing of your personal data. Processing takes place pursuant to Chapter 4, Section 10 of patientsäkerhetslagen (2010:659) (the Swedish Patient Safety Act) and the above-mentioned ordinance. As a state authority, the National Board of Health and Welfare must preserve public documents. This means that the information about you that is handled will be archived. You can read more about the National Board of Health and Welfare's processing of personal data and your rights as a registered person here: <https://www.socialstyrelsen.se/om-socialstyrelsen/behandling-av-personuppgifter/>