

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 Woman Man Other **Profession** Doctor of medicine Dental practitioner I apply for specialist qualification in I have paid the application fee Payment date (YYYY-MM-DD) 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? Yes If so, which country/countries? Other information

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 with a specialist qualification from the EU or EEA	
When	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	e also submit a certificate which confirms that you meet one of these articles in EU directive 2005/36/EC
Docto	or of medicine Dental practitioner
	23 23
	25 35
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	28
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