

# Recognition Procedure

## Information on the procedure for the recognition of a nursing or obstetrics training course completed in the EU when training started after EU accession

### We need the following documents to review your application:

- Written request in accordance with the annex, including a personal data questionnaire
- Your diploma or degree certificate
- Proof of identity (passport or identity card or similar)
- In the event of a change of name, your marriage certificate
- Current C.V. with full details on your schooling, training and professional career. Please sign the C.V.
- Proof of employment (e.g. (preliminary) employment contract, employer's promise of employment) or  
Confirmation of registration or  
Declaration of intent that, in future, the profession is to be exercised in the territory of the Free and Hanseatic City of Hamburg (personal declaration)
- A certificate of no objection, which proves that there is nothing against you in terms of professional/criminal law (e.g. Certificate of Good Standing, extract from the criminal register of your home country, confirmation from the nursing association, etc.)
- Depending on the individual case, possibly additional documents. Please wait for notification from us.

***If you are unable to submit individual documents, you can still make the application. We then need you to explain why these documents are not available or cannot be obtained.***

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## Important notes on the certification of documents:

Please submit **officially certified** copies of all the required documents.

Alternatively, **single photocopies** can be submitted for the file if the application is made from within Germany. The **originals** must then be presented at a personal meeting at a later date.

If the application is made from abroad, officially certified copies must always be submitted.

## Please also note:

Should there be a need for a discussion or consultation in individual cases, a personal appointment can be arranged via the e-mail address given below.

Once equivalence of training has been established, a professional certificate can only be issued after the following additional documents have been submitted:

- **Proof of your German language skills:** you are expected to provide proof of your language skills from a **provider certified** by the **Association of Language Testers in Europe (ALTE)** (**Level B2** of the Common European Framework of Reference for Languages, exception: **level C2** for speech therapists), i.e. telc GmbH, Goethe-Institute, ÖSD, AFU GmbH or TestDaF-Institute.
- **Medical certificate** (health certificate) confirming you are fit enough to practise the profession (please use only the official form for this)
- **Official certificate of good conduct** (extract from police records) **for submission to the authorities** (this is sent direct to the authorities)

The medical certificate and the certificate of good conduct must be up to date (not older than 3 months) when the permit is granted. **Please do not apply for them until we expressly ask you to do so.**

## Who should the application be addressed to?

Please send requests for recognition in writing to the following address:

**Freie und Hansestadt Hamburg  
Sozialbehörde - Amt für Gesundheit  
Postfach 760 106, 22051 Hamburg**

For basic enquiries and to make an appointment, please contact us by e-mail:

[anerkennung-gesundheitsfachberufe@soziales.hamburg.de](mailto:anerkennung-gesundheitsfachberufe@soziales.hamburg.de)

# Recognition Procedure

First name, surname \_\_\_\_\_

Street, house number \_\_\_\_\_

Postcode, town \_\_\_\_\_

To the  
Freie und Hansestadt Hamburg  
Sozialbehörde - Amt für Gesundheit  
Postfach 760 106, 22051 Hamburg

I hereby apply for recognition of my qualifications which I gained in \_\_\_\_\_(country of training)  
and the granting of a permit to use the professional title

\_\_\_\_\_  
(Please write the German word for the recognition profession here)

I hereby affirm that:

- I have not yet applied for recognition in any other German federal state.
- I have no criminal record or professional convictions. There are also no judicial or public prosecution proceedings pending against me.
- I cannot make the above statement(s) and will explain why separately.

I agree that the data relating to my application may be passed on to the following bodies in the course of the review: educational institutions with which the authority cooperates in the recognition of health professions, the Central Office for Foreign Education (ZAB/GfG), and possibly, depending on the circumstances of the individual case, other authorities and bodies involved in the recognition procedure.

I am aware that the processing of an application for the recognition of training in a health profession is **subject to a fee**. The processing fee depends on the effort involved and is usually €220.00, in individual cases up to €580.00 (as of 01/2022). When the professional permit is granted, there is a fee for the certificate (currently €42.00).

When processing starts, a fee of €65.00 for applications from within Germany and €80.00 for applications from abroad may be charged; this will be deducted from the subsequent total fee.

If the application is rejected,  $\frac{3}{4}$  of the fee will be charged. If the application is withdrawn after processing has begun, half the fee will be charged.

For photocopying and printing, a fee of €0.90 for the first 10 pages and €0.30 for each additional page is charged.

The fees are charged in instalments by notice of fees (only bank transfer, no cash payment).

\_\_\_\_\_  
(Date, signature)

# Recognition Procedure

Annex  
to the application for recognition of a professional qualification in a health profession acquired abroad

## Questionnaire regarding the applicant's personal data

Name	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	_____
First name			_____
Street and house number			_____
Postcode and town			_____
Date of birth			_____
Place of birth			_____
If applicable, different name at birth			_____
Nationality			_____
Country of training			_____
Foreign designation of the training course e.g. nurse, occupational therapist, fizjoterapia			_____
E-mail address			_____
Landline and mobile phone number			_____
Years of professional experience after qualifying?			_____
Working in Germany? Occupation?			_____

### Please note:

We rely on the information you give us to provide you with comprehensive advice and process your application correctly. Therefore, please complete the questionnaire **in full and legibly**.

Please be sure to inform us of any changes in your personal circumstances, e.g. regarding your address and occupation, without fail.

Thank you for your assistance!