

Information on the procedure for recognising foreign qualifications in a health-related profession

You must provide these documents:

- Your certificate and results breakdown
- CV in tabular form, with full information on education, training and professional career. Please sign the CV.
- A written application as per the appendix, including questionnaire on personal details
- Passport or ID
- Registration confirmation or proof of employment or declaration of intent, stating that the profession is to be practised in the Free Hanseatic City of Hamburg

We may also request these documents:

- Proof of school/training centre for the duration of the training
- Proof of theoretical and practical lessons with number of hours per subject
- Proof of practical training (clinical internships) in the functional areas/departments (with number of hours)
- Proof of type and scope of final examination: oral, written and practical subjects
- Proof of jobs performed in your studied field (e.g. work references)
- Proof of further training
- "Certificate of Good Standing" / "Certificate of Current Professional Status".
This proves that you have not breached the professional code of practice in any way.
We will identify the authority from which you receive this certificate if necessary.
- The marriage certificate/family register in the event of a name change
- Any other documents required in individual cases. Please wait for us to advise you.

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Important information for proving documents:

- You must always provide **the original** or a certified copy of the original.
- We also need a **single photocopy** for our files.
- Documents in your country's official language must be enclosed with a **German translation** of the original or certified copy. The translation must be performed by a publicly appointed, sworn translator. These can be found here:
http://www.justiz-dolmetscher.de/suche_action
- The translation must be **firmly secured** to the original-language document, e.g. with a rivet (no staples or paper clips).
- Translations of non-certified copies cannot be accepted.

Please also note:

If your qualifications are deemed to be equivalent, a professional certificate can only be issued if the following additional documents have been provided:

- **Proof of your German skills; we expect at least level B2 of the European Language Certificate in German**
- **Medical certificate** (certificate of health) stating that your health condition is suitable for practising the profession
- **Police clearance certificate** (certificate of good character).

The medical certificate and police clearance certificate must be current when the permit is issued. **Please only apply for these if we expressly ask you to.**

Who to apply to?

You can send your application by post:

Behörde für Gesundheit und Verbraucherschutz
Landesprüfungsamt für Gesundheitsfachberufe / LPA
Billstraße 80
20539 Hamburg

For questions: anerkennung-gesundheitsfachberufe@bgv.hamburg.de

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First name, Last name _____

Street, house/unit number _____

Post code, city _____

To the

Behörde für Gesundheit und Verbraucherschutz (Office for Health and Consumer Protection)
Fachberufe im Gesundheitswesen (Health-related professions)/ LPA
Billstraße 80
20539 Hamburg
Germany

I hereby request recognition of my qualifications obtained in _____ (country of training) and that I be issued with a permit to hold the occupational title of

(please enter the German profession: e.g. "Gesundheits- und Krankenpfleger/in"="nurse")

I am aware that processing an application to recognise qualifications in a health-related profession **incurs a charge**. The fee depends on the processing expense, and is currently between 45 € and 500 € (as at: January 2018). An initial fee of 50.00 € is charged at the start of processing, which is credited towards the total fee at the end.

If the application is rejected, $\frac{3}{4}$ of the fees are charged. If the application is withdrawn once processing has commenced, half the fee is charged. Photocopying incurs a fee of 0.90 € per copy. All fees are charged via a statement of charges (transfer only, no cash payments).

I hereby confirm that:

- 1.) I have not lodged a recognition application with any other authority.
- 2.) I do not have a criminal record under the professional code of practice or criminal law, nor are any preliminary proceedings pending against me.
- I cannot provide an explanation for 1 or 2 because....

 I agree for many application details to be passed on to the following centres for assessment: educational institutes with which the authorities co-operate when recognising health-related professions, the Central Office for Foreign Education (ZAB), any other authorities or centres involved with the recognition (depending on the individual case).

(City, Date, Signature)

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Questionnaire on the applicant's personal details

Last name Mr Ms _____

First name _____

Street and house/unit number _____

Post code and city _____

Date of birth _____

Place of birth _____

Birth name (if different) _____

Nationality _____

Country of training _____

Foreign name of training course
e.g. pielęgnarka, nurse, occupational therapist, fizjoterapia _____

Email address _____

Telephone and mobile number _____

Years of professional experience in the studied field _____

Working in Germany? Job? _____

Please note:

We rely on your details in order to offer you comprehensive advice and correctly process your application. Please therefore complete the questionnaire **legibly and in full**.

Please immediately advise us of any changes to your personal details – e.g. regarding address, employment.

Thank you for your co-operation!