

Personal particulars given in this application form will be registered by the National Board of Health and Welfare in a file-processing system. Particulars about the awarded qualifications will be transferred to the Board's registers and are automatically updated by means of national registration.

**APPLICATION for  
SPECIALIST QUALIFICATION** in Sweden on  
basis of training in an EEA country other than  
Sweden or in Switzerland.  
Directive 2005/36/EC

Send to:

**Socialstyrelsen**  
**Avdelningen för regler och tillstånd**  
**Behörighet**  
**106 30 STOCKHOLM**  
**SWEDEN**

**Personal data**

|  |                  |  |                                       |
|--|------------------|--|---------------------------------------|
| Surname  |                  | First name, middle name(s)                                   |                                       |
| Postal address                                 |                  |  | Swedish personal number/date of birth |
| Postcode                                       | City/post office |  | Phone number                          |
| Country  |                  | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F | Citizenship                           |
| Date of obtained licence to practise in Sweden |                  | E-mail   |                                       |

**Speciality** Mark one (1) box only/form

|   |  |
|---|--|
| <input type="checkbox"/> medical speciality<br>(Article 25) | <input type="checkbox"/> dental speciality<br>(Article 35) |
|---|--|

**Specialist medical/dental training**

|  |                       |  |
|--|-----------------------|--|
| Description/name of specialist qualification (title) |                       | Country of specialist training   |
| Duration (number of years)                           | Date of qualification | Recognition/registration in an EEA country other than the country of specialist training, which one? |

**Other relevant information**

|  |
|--|
|  |
|--|

**Documents that have to be enclosed with your application, please see the next page!**

**Signature**

|            |                        |
|------------|------------------------|
| City, date | Signature of applicant |
|------------|------------------------|

**Information for doctors of medicine and dental practitioners who have completed specialist training outside Sweden in an EU Member State or in Norway, Iceland, Liechtenstein or Switzerland.**

**Enclose the following documents with your application:**

**Translations:** Documents in languages other than Danish or Norwegian have to be translated from the original into English or Swedish. All translations have to be carried out by an authorized translator.

**Certification of copies:** A certified copy is a copy that has been certified by an organisation, institution or public authority as a true copy of the original. For a certification to be valid, it has to contain the signature of the person who certified the authenticity as well as a stamp with the name, address and telephone number of the organisation. Copies certified by individuals are not accepted.

**Extract from the Swedish population register or a copy of a valid passport and, if applicable, a copy of a certificate showing change of names:** *Those registered in Sweden for population purposes* have to attach an original extract from the population register that is no more than three months old. *Those not registered in Sweden for population purposes* have to attach a certified copy of a valid passport. If you have changed your name, attach a certified copy of the certificate showing the name change.

**Diploma:** A certified copy of your diploma in the original language, as well as a translation thereof.

**Certificate confirming that your training conforms to the current EC Directive:** Applicants from *all countries except the Nordic countries* have to send in a certificate that confirms that the diploma conforms to the current Directive 2005/36/EC. For example: "Certificate of Conformity". The certificate must also contain your name, date of birth and the date of your diploma. It must be issued by the *competent authority* in the country of training and be sent *in its original form along with a translation*.

**If you do not have a diploma of the kind you need, you have to enclose one of the following certificates:**

**Certificate of equivalent training:** The certificate must confirm that your training, in accordance with Article 23, point 6, in Directive 2005/36/EC, is equivalent. For example "Certificate of Equivalence". The certificate must contain your name, date of birth and the date of your diploma. It must be issued by *the competent authority* in the country of training and be sent *in its original form, along with a translation*.

**Certificate of acquired rights:** This applies if you have a diploma from older professional training in your country. The certificate must confirm that your acquired rights fulfil the conditions of Directive 2005/36/EC. For example: "Certificate of Acquired Rights". The certificate must contain your name date of birth and date of diploma. It must be issued by *the competent authority* in your country of training and be sent *in its original form along with a translation*. (Read more about the acquired rights that may apply to your profession in your country of your training at [www.socialstyrelsen.se](http://www.socialstyrelsen.se))

The issuing of a specialist qualification requires evidence that you are of good character or repute and that your permission to pursue your profession has not been revoked as a result of serious professional misconduct or a criminal offence. *You can prove this yourself* with a "Certificate of Current Professional Status" or a "Certificate of Good Standing". Such a certificate must be issued by the competent authority, be sent in its original form, and must not be older than three months. It should also show your name and date of birth.

Further information is available at [www.socialstyrelsen.se](http://www.socialstyrelsen.se)