

## Application Recognition

of qualification from the territory of the European Union, of the European Economic Area (EEA-State) or from a country, which has been granted respective legal entitlement by Germany and the European Union (Contracting State)

According to Weiterbildungsordnung der Hamburger Ärztinnen und Ärzte (WBO) dated 15.06.2020

### 1 For the following Qualification

Specialty training

Subspecialty

Additional training

### 2 Personal data

Name, (last name, first name), title

Date of birth

Phone number private / cell

Private address

Address at work

E-Mail

Phone number at work

I hereby confirm that all correspondence with regard to this application is to be completed by e-mail.

### 3 Issuance of foreign certification of competence to practise medicine

Issued on

Issuing agency

German medical licence (according to § 3 BÄO), issued on

or permission to practise medicine (acc. to § 10 BÄO), issued on

## 4 Information on acquired qualification

Qualification certification in country of origin

since

date issued

issuing agency

issuing country

How many years after completion of medical school were formally necessary to acquire this qualification?

## 6 I hereby declare that

I have not applied at a different chamber of physicians in Germany for recognition of qualifications obtained abroad,

no application has been rejected or finds itself in a process of objection.

## 6 I hereby apply that

automatic recognition according to § 18 par. 1 or 2 WBO,

non-automatic recognition according to § 18 par. 3 WBO

**In the case that you are not a member of the Chamber of Physicians of Hamburg at time of application, the following documents\* are required:**

- a written justification, why the application is being presented in Hamburg,
- the medical license or permission to practice medicine as a notarized copy as well as the certification of equivalent qualification,
- identity card

**Non-automatic recognition additionally requires the following certificates:**

- a tabular list of successfully completed qualification and vocational experience
- Evidence of each acquired skill, track records and capabilities (e.g. credentials, reports, OP-catalogues, logfile)
- Qualification requirements in country of origin (e.g. training curriculum, training regulations)
- in the case that a certificate of qualification partially or fully completed in a third state was issued by another
- EU member state, EEA state or contracting state, documents should be presented that show which activities in third states were credited for the qualification by the issuing state

**If documents are not in German language, a version of each document translated into German by a certified translator will be required.**

According to the fee statute of the Chamber of Physicians of Hamburg the application fee will be charged.

Date, place

Signature

### Important

Should you wish to deliver the application personally, please make an appointment previously by e-mail or phone: e-mail: [weiterbildung@aekhh.de](mailto:weiterbildung@aekhh.de) | Phone +49 40 202299 266 | address: Weidestr. 122b, 13th floor, 22083 Hamburg