



Application for the assessment of equivalence of paramedical professions and permission for using the professional title

1. Personal details (mandatory fields)

Surname:

Birth name, if applicable:

First name:

Gender:

Date of birth:

City/country of birth:

Nationality:

Street, No.:

Postcode, city:

Email:

Telephone:

2. Authorized representative (if applicable)

If the application process is not to be handled by you personally, but instead, for example, by a recruitment agency or another trusted person, the following details are required:

Company name/name of the
authorized representative

First name of the authorized
representative

Street and house number of the
authorized representative

Postcode and city
of the authorized representative

Email of the authorized
representative

Telephone number
of the authorized representative

Signature of the applicant

Signature of the authorized representative

3. profession (mandatory field – single selection only)

Geriatric nurse	Medical-technical radiology assistant
Anaesthesia technical assistant	
Dietitian	Medical-technical assistant in functional diagnostics
Occupational therapist	Surgical assistant
Health and paediatric nurse	Orthoptist
Midwife	Care worker
Speech therapist	Pharmaceutical technical assistant
Masseur and medical lifeguard	Physiotherapist
Medical-technical laboratory assistant	Podiatrist

Specialisations:

Specialist in management tasks in nursing	Specialist in social psychiatric care
Intensive and anaesthesia care	Oncological nursing specialist
Special nurse for hygiene and infection prevention	Paediatric intensive and anaesthesia care
Specialist in surgical and endoscopic care	Early Intervention Specialist – family health and paediatric nurse
Family midwife and family health and paediatric nurse in early support services	Psychiatric nursing specialist

Based on a qualification obtained abroad:

Country of qualification:

Job title in the local language:

German translation of the job title:

4. Details of vocational training (mandatory fields)

Name and location of school / university / academy where the training / studies took place:

Start of training / studies:

End of training / studies:

Date of diploma / training certificate:

All statements regarding professional qualifications must be substantiated by relevant certificates, diplomas or other supporting documents.

5. Details of professional work experience in the learned profession (only if applicable)

Period (from – to)

Employer / Institution

Professional role

Where necessary, we may ask you to provide evidence of professional experience through qualified employment references, official certificates of authorities or employment records.

6. Details of previous application procedures (mandatory fields)

Have you already submitted an application for a professional recognition procedure of one of the healthcare professions listed under point 3 in Lower Saxony, another federal state or another EU Member State, or is such a procedure currently pending?

an application has already been submitted to the following institution/authority:

If yes, have you already started/completed an adaptation measure?

Previous rulings (e.g., determination notice) must be attached.

7. Declarations/Signature (mandatory fields)

a) The applicant is resident in Lower Saxony or intends to work in Lower Saxony in a role corresponding to the professional title applied for.

If the applicant is not currently resident in Lower Saxony:

Where exactly is the applicant intending to work?

(e.g., location of the future employer)

b) A comprehensive comparison of the training content is required to assess equivalence. To enable this comparison, detailed training documents (see **information sheet**) must be submitted, in particular a detailed curriculum setting out the individual content and skills acquired during your training/studies extensively. Subject and timetable overviews alone are not sufficient for this purpose. If the required documents and evidence cannot be submitted, an equivalent level of knowledge must be substantiated by means of an adaptation period or a knowledge/aptitude test.

By signing this form, I confirm that I have attached all documents and evidence relating to my training to this application. I acknowledge that am unable to submit any further documents or evidence to assess the equivalence of my training. The reasoning for this does not lie with the applicant.

c) By signing this form, I confirm that all information provided is truthful and accurate, and I am aware that providing false or incomplete information may result in criminal prosecution.

d) By signing this form, I declare that I am aware that a fee is charged for processing the application and that I also understand that management fees may be incurred in full or partially even if the application is rejected or withdrawn. Should it be necessary, my entire application documentation will be forwarded to third parties for expert assessment. The costs for this are to be covered in addition to the application processing fees. Information regarding the amount of the costs and the documents to be included with the application can be found in the relevant information sheets on our website.

e) By signing this, I confirm that I have taken note of the information on data protection

f) By signing this, I also confirm that my authorisation to use the professional title or my diploma has not been withdrawn or revoked in any other country.

Location, Date

handwritten signature

Information and transparency obligations under Article 13 et seq. of the General Data Protection Regulation

The Lower Saxony State Office for Social Affairs, Youth and Family (LS) hereby informs you that the processing of personal data is carried out in accordance with the Professional Qualifications Assessment Act (BQFG) and the relevant professional legislation.

The provision of personal data is therefore required by law. Should you object to the processing of personal data, the LS will be unable to process your application.

Data will be stored for a period of 50 years following the conclusion of the procedure, in accordance with the Lower Saxony Records Management Regulations or any applicable administrative regulations. However, the storage period begins as soon as the application is being submitted.

Should an external expert opinion be required to process the application, personal data will be forwarded to the relevant expert body. Personal data will not be disclosed for any other purposes unless explicit consent has been granted.

The LS, as the data controller, can be contacted via email at 4SL3@ls.niedersachsen.de or by post at Niedersächsisches Landesamt für Soziales, Jugend und Familie, Auf der Hude 2, 21339 Lüneburg.

It is also possible to contact the authority's data protection officer by email at Datenschutz@ls.niedersachsen.de or by post at Niedersächsisches Landesamt für Soziales, Jugend und Familie, Datenschutzbeauftragte/r, Domhof 1, 31134 Hildesheim. The rights listed below may be enforced against the LS:

- Right to request
- Right to rectification or erasure
- Restriction of processing
- Right to object to processing
- Right to data portability

In addition, you may contact the Lower Saxony Supervisory Authority for Data Protection (State Data Protection Commissioner of Lower Saxony), Prinzenstr. 5, 30159 Hannover (www.lfd.niedersachsen.de) and exercise your right to file a complaint there.