

Personal details

Last name, first name, middle name		Swedish personal identity no. or date of birth	
Adress		Phone	
Postal code	City	Gender <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Other	
Country			
E-mail address			

Profession

<input type="checkbox"/> Audiologist	<input type="checkbox"/> Doctor of Medicine	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Biomedical Scientist	<input type="checkbox"/> Healthcare Counselor	<input type="checkbox"/> Optician	<input type="checkbox"/> Psychotherapist
<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Medical Physicist	<input type="checkbox"/> Orthopaedic Engineer	<input type="checkbox"/> Radiographer
<input type="checkbox"/> Dental Hygienist	<input type="checkbox"/> Midwife	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Speech Therapist
<input type="checkbox"/> Dental Practitioner	<input type="checkbox"/> Naprapath	<input type="checkbox"/> Physiotherapist	
<input type="checkbox"/> Dietitian	<input type="checkbox"/> Nurse responsible for general care	<input type="checkbox"/> Prescriptionist	

Education

Have you finished compulsory school education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	From (year)	To (year)	No. of years	Country
Have you finished upper secondary education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	From (year)	To (year)	No. of years	Country
Have you finished a post secondary education?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

<input type="checkbox"/> University/College	<input type="checkbox"/> Vocational School	<input type="checkbox"/> Other
Name of school, City		
Degree/Title		Year graduated
From (year)	To (year)	No. of years Country
Date on which you obtained a licence or approval to practice in the country where you were educated		

Have you obtained a licence or approval to practice in a country other than where you were educated?	<input type="checkbox"/> Yes Year	Country
	<input type="checkbox"/> No	

Have you worked in your profession after graduation Yes No

Employer	Profession	Period (yymmdd-yymmdd)

Please submit copies of these documents with your application

A valid passport or a valid Swedish ID card

A certificate of completed education, for example a diploma

A certificate that lists the courses you took and how long the programme lasted

A certificate that shows any changes you have made to your first or last name after completing the programme

Each document must be in both the original language and a Swedish or English translation. You must use an authorised translator. The translation can be made in any country.

Have you applied before? Yes No

I agree that the Swedish National Board of Health and Welfare and the Swedish Council for Higher Education may contact my educational institution and the competent authority in the country where I was educated.

Yes No

I certify that the information I have provided on this form is correct

Date	Signature
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