Application for a licence to practise as a healthcare professional

Education completed within the EEA or Switzerland

Dentist, medical doctor, midwife, pharmacist, registered nurse

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| * **Fill in the application form electronically, then print the document and sign it.** Only applications which have been completed electronically and have been signed are accepted.
* **Required documents**. Applications are only accepted if all required documents have been submitted.
* **Language.** All documents must be in Icelandic or English. If the original documents are in another language, they must be translated by a certified translator, and the translations, along with the original documents, must accompany the application.
* **Submitting the application.** Applications with supporting documents can be handed in at the Directorate of Health’s reception, e-mailed to [mottaka@landlaeknir.is](file:///%5C%5Cemlmsfile01%5CSameign%24%5CREKSTUR%20OG%20%C3%96RYGGI%5C%C3%9Atg%C3%A1fa%5CEy%C3%B0ubl%C3%B6%C3%B0%5CStarfsleyfi%5CSent%20%C3%A1%20GKG%5Cmottaka%40landlaeknir.is), or sent by post. Documents sent by e-mail must be in PDF format.
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The right to use a professional title as a health care professional is defined in [regulation for each health profession](https://island.is/en/o/directorate-of-health/laws-and-regulation).

In some cases, The Directorate of Health may need to send the application for an assessment to evaluate whether the applicant's education meets the requirements for a licence to practise before a licence is granted.

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| **Applicant** |
| **Name:**       | **Icelandic ID-number:**      |
| **E-mail:**      | **Phone number:**       |
| **Country of residence:**      | **Nationality:**      |

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| **Education** |
| **Educational institution:**       | **Country**:      |
| **Study started:**      | **Study finished:**       |

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| **I am applying for a license to practise as a** |
| [ ]  **Dentist** (in accordance with art. 34 of Directive 2005/36/EC)[ ]  **Medical doctor** (in accordance with art. 24 of Directive 2005/36/EC)[ ]  **Midwife** (in accordance with art. 40 of Directive 2005/36/EC)[ ]  **Pharmacist** (in accordance with art. 44 of Directive 2005/36/EC)[ ]  **Registered nurse** (in accordance with art. 31 of Directive 2005/36/EC) |

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| **Required documents** |
| [ ]  **Copy of your diploma** with name and date of birth.[ ]  **Copy of your licence to practise** [ ]  Not available.[ ]  **A letter of good standing** from a competent authority confirming that your licence to practise has not been suspended or revoked and that the licence is valid and unrestricted. The Letter of Good Standing cannot be more than three months old when received by the Directorate of Health. [Information on competent authorities](https://ec.europa.eu/growth/tools-databases/regprof/home)[ ]  **Letter of conformity** from a competent authority in the country where the diploma was issued. The certificate must confirm that your education meets the requirements of Directive 2005/36/EC with reference to the appropriate article for your profession – see list above. [Information on competent authorities](https://ec.europa.eu/growth/tools-databases/regprof/home). |

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| **Additional documents if the applicant has citizenship outside the EEA or Switzerland** |
| [ ]  **Copy of passport.**[ ]  **Work- and residence permit** in Iceland or **employment contract** within the Icelandic Health Service. |

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| **Payment arrangements** |
| [ ]  I have an Icelandic bank account and would like to request an online payment slip.[ ]  I wish to pay through a foreign bank (IBAN). |

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| **Signature** |
| **Date and place**      |
| **Signature** |