Application for a specialist license for registered nurses

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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**. All documents must be submitted as certified copies or as originals. Applications are only accepted if all required documents have been submitted. Please send only the required documents. If further documents are needed, they will be requested.
* **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 or sent by post. Applications with supporting documents from countries within the EEA or Switzerland can be sent in PDF format by email to mottaka@landlaeknir.is
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Information about specialist license can be found in section III in regulation for nurses.

The application will be sent for an assessment to evaluate whether the applicant's education meets the requirements for a specialist license before a license is granted.

In order to obtain a specialist license, the applicant must have a valid license as a nurse in Iceland.

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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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| **Specialty** |
| **Name of specialty:**      |

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| **Required documents** |
| [ ]  **Master’s or doctoral degree in nursing** from a recognised university, or an equivalent education, with name and date of birth.[ ]  **Confirmation about work as a registered nurse under guidance** of a specialist in nursing after graduation that grants the right to specialist license for the equivalent of at least two years full-time in the field for which the application for a specialist licence is made. If the applicant has worked less than full-time, the duration of employment shall be proportionately longer. |

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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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| **Registration of supporting documents** |
| * Number and separate supporting documents with an A4 sheet, indicating the document's number and name.
* Only applications where supporting documents have been registered and numbered are accepted.
* The supporting documents should not be bound, stapled or in a folder.
* Please send only the required documents. If further documents are needed, they will be requested.

Number and names of supporting documents1.
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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** |