

**Application for permission to use a professional title  
Training in the European Union (EU)**

Landesamt für Gesundheit und Soziales  
I A 2  
Postfach 31 09 29  
10639 Berlin

I hereby apply for permission to use the following professional title

- |  |   |
|--|---|
| Nurse responsible for general care       | Occupational Therapist                    |
| Paediatric Nurse                         | Speech Therapist                          |
| Healthcare Assistant                     | Geriatric Nurse                           |
| Physiotherapist                          | Dietitian                                 |
| Midwife                                  | Health Supervisor                         |
| Medical functional diagnostics Assistant | Disinfectant                              |
| Medical laboratory Assistant             | Farrier                                   |
| Medical X-ray Assistant (Radiology)      | Cardio Technician                         |
| Pharmaceutical Assistant                 | Paramedic                                 |
| Massage Therapist                        | Food Inspector                            |
| Podiatrist                               | Medical Section and Preparation Assistant |

Surname  Title (von, de etc.)

First Names

Street/House Number.

Post Code  Place

Telephone Number  E-Mail

I declare that

I have not applied for permission to use the professional title in another German Federal State,

I have not previously taken part in a suitability test or an adaptation course,

I have taken part in a suitability test or an adaptation course in

the Federal State of

a judicial criminal proceeding, a public prosecutor's office and/or a professional court investigation against me

is not pending,

is pending. Ref:  at:

A fee shall be charged for the permission to use the professional title. I will receive a separate ruling on the amount of the fee.  
If the application is submitted from abroad, it will not be processed until the fee has been received.

I wish to pay the administrative fee	
by bank transfer	by direct debit I hereby authorise the LAGeSo to withdraw this fee from my following account
Name of Bank _____	
IBAN _____	BIC _____
Name of the Account Holder _____	
..... Signature of the Account Holder	

I confirm that I have read and understood the following data protection statement:

#### Data protection statement

The information (data) requested in this form is required to process your application. The data will be stored electronically and/or in paper form. The data protection declaration of the LAGeSo Department I A (Professions in Health Care/Federal State Examination Office) is based on the terms used by the European Directive and Ordinance Giver in the enactment of the General Data Protection Regulation.

#### 1. Name and contact details of the organisation responsible

LAGeSo/Landesprüfungsamt Berlin  
Referat I A  
Address: Turmstrasse 21, 10559 Berlin

#### 2. Name and contact address of the data protection officer

ZSL DSB  
Tel.: 030-90229-1209  
Mail: [Datenschutz@lageso.berlin.de](mailto:Datenschutz@lageso.berlin.de)

#### 3. Rights of the data subject (access, rectification, deletion)

Any person subject to the processing of personal data shall have the following rights in accordance with the law:

- The right of access to personal data processed concerning them.
- The right to rectify inaccurate personal data.
- The right to delete personal data that is no longer required.
- The right to limit the processing of personal data.
- The right to object to data processing at any time.
- The right to exclude an exclusively automated decision.
- The right to call the authority of the Berlin Commissioner for Data Protection and Freedom of Information at any time.

#### 4. Legal basis for the processing

The processing of the data takes place on the basis of Art. 6 Para. 1 Letter e General Data Protection Regulation (EU-GDPR) in conjunction with the Berlin Data Protection Act (BlnDSG) as amended from time to time. The time of the deletion of the electronic data or the destruction of the files is based on the administrative documentation legislation requirements. In matters relating to the regulations governing admission to the profession in question (permission to use a professional title), the retention period is 80 years.

Place, Date

\_\_\_\_\_

.....  
(personal) signature