

## Application for authorisation to use the professional title Training in the European Union (EU)

State Office for Health and Social Affairs  
IV A 4  
P.O. Box 31 09 29  
10639 Berlin

I hereby apply for authorisation to use the professional title of

- |   |   |
|---|---|
| <input type="checkbox"/> Nursing Specialist                                     | <input type="checkbox"/> Nurse for the Elderly                        |
| <input type="checkbox"/> Healthcare and nursing assistant                       | <input type="checkbox"/> Dietetic assistant                           |
| <input type="checkbox"/> Health and paediatric nurse                            | <input type="checkbox"/> Hygiene inspector                            |
| <input type="checkbox"/> Nursing assistant                                      | <input type="checkbox"/> Disinfectant                                 |
| <input type="checkbox"/> Physiotherapist  | <input type="checkbox"/> Farrier                                      |
| <input type="checkbox"/> Midwife  | <input type="checkbox"/> Cardiotechnician                             |
| <input type="checkbox"/> Medical-technical assistant for functional diagnostics | <input type="checkbox"/> Emergency paramedic                          |
| <input type="checkbox"/> Medical-technical laboratory assistant                 | <input type="checkbox"/> Medical dissection and preparation assistant |
| <input type="checkbox"/> Medical-technical radiology assistant                  | <input type="checkbox"/> Care assistant                               |
| <input type="checkbox"/> Pharmaceutical-technical assistant                     | <input type="checkbox"/> Family carer                                 |
| <input type="checkbox"/> Masseur and medical bath attendant                     | <input type="checkbox"/> Orthoptist                                   |
| <input type="checkbox"/> Podiatrist   | <input type="checkbox"/> Assistant anaesthetist                       |
| <input type="checkbox"/> Occupational therapist                                 | <input type="checkbox"/> Operation technology assistant               |
| <input type="checkbox"/> Speech therapist/logopaedist                           | <input type="checkbox"/> Veterinary medical-technical assistant       |

Surname

Surname suffixes (von, de etc.)

First names

Date of birth

Street and house number

Postcode

Town

Phone

E-mail

I declare that

- I have not applied for authorisation to use the professional title in any other federal state,  
 I have not yet taken part in an aptitude test or an adaptation period,  
 I have taken part in an aptitude test or an adaptation period

in the federal state

I am the subject of criminal proceedings before a court, a public prosecutor's office and/or a professional investigation

is not pending,

is pending. File number:

at:

The granting of a licence to use the professional title is subject to a fee. I will receive a separate notification of the amount of the fee. Applications from abroad will only be processed once the fee has been received.

I pay the administration fee

by bank transferby

direct debit

I hereby authorise LAGeSo to debit this fee from my account named below.

Name of the credit institution

IBAN

BIC

Name of the account holder

\_\_\_\_\_  
Signature of the account holder

I confirm that I have read the following privacy policy:

### Privacy policy

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 Department IV A (State Examination Office, Recognition of Foreign Health Professions) of the LAGeSo is based on the terms used by the European legislator for the adoption of the General Data Protection Regulation (GDPR).

1. **Name and contact details of the person responsible**

LAGeSo/Landesprüfungsamt Berlin  
Referat IV A  
Address: Turmstraße 21, 10559 Berlin

2. **Name and contact details of the person responsible for data protection at LAGeSo**

ZSL DPO  
Phone: 030 90229 1209  
E-Mail: [Datenschutz@lageso.berlin.de](mailto:Datenschutz@lageso.berlin.de)

3. **Rights of the data subject (access, rectification, erasure)**

Any person affected by the processing of personal data has the following rights in accordance with the statutory provisions:

- The right to information about the personal data processed about them.
- The right to rectification of inaccurate personal data.
- The right to erasure of personal data that is not (or no longer) required.
- The right to restrict the processing of your personal data.
- The right to object to data processing at any time.
- The right to exclude an exclusively automated decision.
- The right to appeal to the authority of the Berlin Commissioner for Data Protection and Freedom of Information at any time.

4. **Legal basis of the processing**

The data is processed on the basis of Article 6(1)(e) of the General Data Protection Regulation (EU GDPR) in conjunction with the Berlin Data Protection Act (BlnDSG) as amended. The time of deletion of the electronic data or destruction of the files is based on the documentation obligations under administrative law. In matters of professional authorisation regulations (permission to use the professional title), the retention period is 80 years.

Place, date

\_\_\_\_\_  
(handwritten) signature