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|  | Application for recognition of professional qualifications as a nurse | ZOZO-03-240918 |
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|  | **Flemish Care Fund and Care Professions Division**T: 1700E: mailvragen.zorgberoepen@vlaanderen.bewww.departementzorg.be | Date of receipt |
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|  | *What is the purpose of this form?* |

This form is intended for **European or non-European nationals** who are applying for recognition of a professional qualification as a nurse on the basis of **a title** **obtained within the European Economic Area (EEA) or Switzerland**.

This form is also intended for **European nationals or persons treated as such** who hold a **title obtained outside the European Economic Area (EEA) or Switzerland and which is recognised in another EEA Member State or Switzerland, with three years' professional experience** as a nurse in the country where the non-European certificate has been recognised as equivalent. If you cannot demonstrate three years of professional experience and are not a European national or person treated as such, you must submit an application based on your non-EEA certificate to NARIC Flanders.

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|  | *What documents/evidence do you need to submit?* |

If you have a **certificate obtained within the EEA or Switzerland**, you must include the following documents with your application:

* A letter of motivation + a ‘free’ (own translation, or via software or acquaintances) translation into Dutch;
* A copy of your certificates, attestations or other evidence of your professional training + a translation by an official translation agency into Dutch if not issued or translated in Dutch, English, German or French;
* A copy (front and back) of your (valid) identity card or passport. You do not need to provide a translation of your certificate of nationality unless it contains unreadable characters (e.g. Greek, Bulgarian, Arabic, etc.) Then we request a Belgian or foreign certified translation into Dutch;
* A certificate of conformity (usually issued by the Ministry of Public Health) confirming that the certificate was awarded after completion of a course of study that meets the minimum training requirements laid down in Article 31 of Directive 2005/36/EC on the recognition of professional qualifications + a translation by an official translation agency into Dutch if not issued or translated into Dutch, English, German or French.

Certificates that do not correspond to the names listed in Annex V, point 5.2.2. of Directive 2005/36/EC on the recognition of professional qualifications must be accompanied by a declaration by the competent authority or body confirming that the certificate is equivalent to the certificate listed for that country in Annex V, point 5.2.2. of Directive 2005/36/EC (Article 23(6) of Directive 2005/36/EC)

 + a translation by an official translation agency into Dutch if not issued or translated in Dutch, English, German or French;

If your **European certificate does not comply** with European Directive 2005/36/EC of 7 September 2005 on the recognition of professional qualifications, and you are therefore unable to **submit a certificate of conformity or declaration (as mentioned above)**, please submit the following **additional** documents:

* Information about the course taken: training programme with details about the theoretical subject matter and the number of hours per subject, practical training (internships) with a description of the areas including the number of hours, evidence of upskilling undertaken, publications+ a ‘free’ (own translation, or via software or via acquaintances) translation into Dutch or English;
* A certificate from the competent body (usually issued by the Ministry of Public Health) confirming the minimum training conditions referred to in Article 11 of Directive 2005/36/EC for which the professional qualification of nurse was obtained + a translation by an official translation agency into Dutch if not issued or translated in Dutch, English, German or French;
* A comprehensive curriculum vitae + a ‘free’ (own translation, or via software or acquaintances) translation into Dutch;
* Information about work experience: official evidence[[1]](#footnote-1) of relevant professional work experience with a clear description of the tasks performed and the periods worked, and any letters of recommendation + a ‘free’ (own translation, or via software or acquaintances) translation into Dutch or English.

If you have a **certificate that was obtained outside the European Economic Area (EEA) or Switzerland and that has been recognised/made equivalent in another EEA Member State or Switzerland**, you must add the following documents to your application:

* A letter of motivation + a ‘free’ (own translation, or via software or acquaintances) translation into Dutch;
* A copy of your certificates, attestations or other evidence of your professional training + a Belgian or foreign certified translation into Dutch;
* A copy (front and back) of your (valid) identity card or passport showing your EEA nationality or proof that you are treated as equivalent to a European national. You do not need to provide a translation of your certificate of nationality unless it contains unreadable characters (e.g. Greek, Bulgarian, Arabic, etc.) Then we request a Belgian or foreign certified translation into Dutch;
* A certificate issued by the competent authority of the EEA Member State where you obtained your equivalence/recognition, proving that you have three years' professional experience as a nurse in the territory of that country. This certificate refers to Article 3(3) of Directive 2005/36/EC of 7 September 2005 and is usually issued by the Ministry of Public Health in the country where you obtained the equivalence/recognition + a translation by an official translation agency into Dutch if not issued or translated into Dutch, English, German or French;
* A copy of the equivalence/recognition issued by the competent body in the EEA Member State where you had your non-EEA certificate recognised/made equivalent + a translation by an official translation agency into Dutch if not issued or translated into Dutch, English, German or French;

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|  | *Points to bear in mind when submitting the application*  |

If you are assisted by third parties (e.g. an employment agency) when submitting your application, you must include a power of attorney with your application. That way, the persons stated in the power of attorney can obtain information about your application from the Department of Care.

If your name has changed and a different name is stated on the documents you submit, we will need a copy of your marriage certificate or other relevant document. If the document has not been issued/translated in Dutch, English, German or French, we will require a Belgian or foreign certified translation into Dutch.

If you submit your application by post: the original documents submitted in the context of this application will not be returned.  Please therefore send copies of the original documents.

The recognition is only issued in Dutch.

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|  | *How do you submit your application?* |

Send your application **in 1 orderly .PDF-document** by e-mail[[2]](#footnote-2) to: internationaal.niet-universitair@vlaanderen.be

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|  | *The applicant* |
|  |
|  | first and last name |       |
|  | country of birth |       |
|  | place of birth |       |
|  | date of birth | day |    | month |    | year |      |  |
|  | sex | [ ]  | male | [ ]  | female |
|  | current nationality |       |
|  | telephone number or mobile number |       |
|  | e-mail address |       |
|  |
|  | *Home address (in Belgium or abroad)* |
|  |
|  | street and number |       |
|  | post code and municipality |       |
|  | country |       |
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|  | *Details of certificate* |
|  |
|  | country where the certificate was awarded |       |
|  | date when the certificate was awarded  | day |    | month |    | year |      |  |
|  | the countries where you are currently authorised to practise your profession |       |
|  |
|  | *Signature* |
|  |
|  | date | day |    | month |    | year |      |  |
|  | signature |       |

1. Permitted documents include a statement from a competent authority, wage slips stating the period and nature of the work, statements from employers, etc. [↑](#footnote-ref-1)
2. If you do not have an e-mail address, you can send your request by post to the following address: Department of Care,

Flemish Care Fund and Care Professions Division, Care professions Team, 15 Avenue du Roi Albert II, post box 496, 1210 BRUSSELS. [↑](#footnote-ref-2)