

# APPLICATION RECOGNITION

OF QUALIFICATION FROM THE TERRITORY OF THE EUROPEAN UNION,  
OF THE EUROPEAN ECONOMIC AREA (EEA-STATE) OR FROM A COUNTRY,  
WHICH HAS BEEN GRANTED RESPECTIVE LEGAL ENTITLEMENT BY GER-  
MANY AND THE EUROPEAN UNION (CONTRACTING STATE)



ÄRZTEKAMMER  
HAMBURG  
Körperschaft des öffentlichen Rechts

**According to Weiterbildungsordnung der Hamburger Ärztinnen und Ärzte (WBO) dated 15.06.2020**

For the following Qualification

Specialty training

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Subspecialty

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Additional training

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## Personal data:

Name (last name,  
first name), title

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Date of birth

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Private address

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Phone number private/cell

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Address at work

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Phone number at work

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E-Mail

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I hereby confirm that all correspondence with regard to this application is to be completed by e-mail.

## Issuance of foreign certification of competence to practice medicine:

Issued on

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Issuing agency

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German medical license (according to § 3 BÄO), issued on

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or Permission to practice medicine (according to § 10 BÄO), issued on

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## Information on acquired qualification:

Qualification certification in country of origin

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since

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date issued

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issuing agency

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issuing country

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**How many years after completion of medical school were formally necessary to acquire this qualification?**

\_\_\_\_\_ years

**I hereby declare that**

**I have not applied at a different chamber of physicians in Germany for recognition of qualifications obtained abroad,  
no application has been rejected or finds itself in a process of objection.**

**I hereby apply for**

**automatic recognition according to § 18 par. 1 or 2 WBO**

**non-automatic recognition according to § 18 par. 3 WBO**

**In the case that you are not a member of the Chamber of Physicians of Hamburg at time of application, the following documents\* are required:**

- a written justification, why the application is being presented in Hamburg,
- the medical license or permission to practice medicine as a notarized copy as well as the certification of equivalent qualification,
- identity card

**Automatic recognition requires the following certificates:**

- the original qualification certificate or a certified translation
- Certificate of conformity (original version or certified translation), where the respective agency confirms that the acquired qualification corresponds to the EU-Guideline 2005/36/EG

**Non-automatic recognition additionally requires the following certificates:**

- a tabular list of successfully completed qualification and vocational experience
- Evidence of each acquired skill, track records and capabilities (e.g. credentials, reports, OP-catalogues, logfile)
- Qualification requirements in country of origin (e.g. training curriculum, training regulations)
- in the case that a certificate of qualification partially or fully completed in a third state was issued by another EU member state, EEA state or contracting state, documents should be presented that show which activities in third states were credited for the qualification by the issuing state

If documents are not in German language, a version of each document translated into German by a certified translator will be required.

According to the fee statute of the Chamber of Physicians of Hamburg the application fee will be charged.

\_\_\_\_\_

**Date, place**

\_\_\_\_\_

**Signature**

**Important**

Should you wish to deliver the application personally, please make an appointment previously by e-mail or phone,

**E-Mail:** [weiterbildung@aekhh.de](mailto:weiterbildung@aekhh.de)

**Tel.:** +49-40-202299 -266

**Address:** Weidestraße 122b, 13th floor,  
22083 Hamburg

**Consultation hours:** **Mon, Wed and Thurs**  
**08.30 – 12.00 h**

**Wed**  
**13.00 – 18.00 h**