

Application Form for Authorisation and Licence as Health Personnel in Norway

For SAFH

To

**Norwegian Registration Authority
for Health Personnel (SAFH)**

Postboks 8053 Dep
NO-0031 OSLO
Norway

Read the guidelines, fill in the form on the screen, print, sign, and send the form by ordinary mail

Personal Information

Surname / Family Name		Given Name(s)	
Postal Address		Postal Code / City / Post Office	
Country	Citizen (choose from list)	Sex	
E-mail Address		Telephone	
ID Number (DD.MM.YY)	State Norwegian 11 digit ID number if available. If not, state the Norwegian FK number issued by UDI or Norwegian police authority with your date of birth in the format DD.MM.YY. If you do not have any FK number, state your date of birth in the said format.		

I hereby apply for (Tick 1 box only)

<input type="checkbox"/> authorisation	<input type="checkbox"/> "turnus" licence	<input type="checkbox"/> other licence	Health personnel category (choose from list)
<input type="checkbox"/> student licence	licence for health personnel older than 75 years		

Principal education / training

Description / name of examination or test	Month and year of passing (MM.YYYY)	Country of qualification

List of enclosures (use p. 2 if needed)

Description of enclosure	Encl. No.

Declaration and Signature

1. I have read the guidelines for filling the application form
2. I will pay the fee when I receive the invoice
3. All the documents required are enclosed, with certified copies where relevant (always copy only of passports and testimonials - for other requirements please consult the guidelines). I am aware that missing documentation will delay the handling of the application.
4. I hereby declare that all enclosed documents are certified copies of true documents. I am aware that forgery of documents is a punishable offence, cf. Norwegian Penal Act, Sect. 182, and that any such attempt will be reported to the police. I also understand and accept that attempts at forgery may be reported to my employer and to health authorities in my home country.
5. I am aware that if I am granted authorisation or license, my name and particulars will be recorded in the Norwegian Register of Health Personnel

Place	Date	Signature
-------	------	-----------

