

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 upisete serbian		Postal Code / City / Post Office	
Country	Citizen (choose from list)	Sex	
E-mail Address		Telephone	
ID Number (DD.MM.YYYY) datum rođenja	State Norwegian 11 digit ID number if available or temporary 11 digit ID number (D-number) If you do not have any D-number, state your date of birth in the format DD.MM.YYYY.		

I hereby apply for (Tick 1 box only)

upisete helsefagarbeider

- authorisation "turnus" licence
 student licence other licence

Health personnel category (choose from list)

Principal education / training

datum zavrsetka skolovanja upisete zemlju skolovanja

Description / name of examination or test zanimanje	Date of passing (DD.MM.YYYY)	Country of qualification serbia
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List of enclosures (use p. 2 if needed)

Description of enclosure	Encl. No.

Declaration and Signature

- I have read the guidelines for filling the application form
- I will pay the fee when I receive the invoice
- 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.
- 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.
- 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 upisete mesto	Date datum	Signature potpis
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