Application for a licence to practise/professional permit Training in a third country



State Office for Health and Social Affairs IV A 2 P.O. Box 31 09 29 10639 Berlin

I apply for the granting of a licence to practise as a

Psychotherapist

and I have been informed that the Expert Centre for Health Professions (GfG) is regularly commissioned to check the reference qualification and the equivalence of the training. The costs of \leqslant 417.00 and \leqslant 1773.00 are to be paid by me in addition to the processing fee.

Surname	Title (Dr., van, de etc.)					
First names	Date of birth					
	0, ,					
Street/Place No.						
Postcode Place						
Telephone E-mail						
I declare that						
$\hfill \square$ I have not applied for a licence to practise in any other federal stat	e,					
$\ \square$ I have not yet taken part in a knowledge test,						
□ I took a knowledge test						
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:					
Professional licence						
☐ I would also like to obtain a temporary licence to pract	ise my profession in the state of Berlin					
(professional licence).						

I declare that	
☐ I have not applied for a professional	licence in any other federal state,
☐ I am not currently practising my profe	ession,
□ my profession	
in the federal state exercixe	
The granting of a licence to practise/professional parameter a separate notification of the amount of the fee.	permit is subject to a fee. I will receive
Applications from abroad will not be processed	until the fee has been received.
Processing fee	
I pay the administration fee	
☐ by bank transferby	☐ direct debit
	I hereby authorise LAGeSo to charge this fee of from my account mentioned below
Name of the conditional transfer	from my account mentioned below
Name of the credit institution	
IBAN BI	c
Name of the account holder	
	Signature of the account holder
	Signature of the account notice

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 respective competent chamber of health professions (Chamber of Psychotherapists) will receive information when the licence to practise or professional licence is granted or waived. The data protection declaration of Department IV A (Healthcare Professions/State Examination Office) 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

Department IV A

Address: Turmstraße 21, 10559 Berlin

2. Name and contact details of the data protection officer

ZSL DSB

Phone: 030-90229-1209

Mail: Datenschutz@lageso.berlin.de

3. Rights of the data subject (information, 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.

June 2023

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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 relating to professional authorisation regulations (licence to practise, professional permit), the retention period is 80 years. The information is passed on to the chambers on the basis of Section 19 (5) of the Berlin Chamber of Healthcare Professions Act, as amended.

Place, date		
	•	(handwritten) signature

Sample on dipplication form