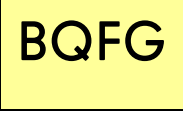


Application for a licence to practise/professional permit  
Training in a third country



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

I hereby apply for a licence to practise as a veterinary surgeon.

Surname  Title (Dr., van, de etc.)

First names  Date of birth

Street/Place No.

Postcode  Place

Telephone  E-mail

I declare that

- I have not applied for a licence to practise in any other federal state,
- I have not yet taken part in a knowledge test,
- I took a knowledge test

in the federal state  have participated,

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. Reference number:  at:

**Professional licence**

- I would also like to obtain a temporary licence to practise 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 profession,
- my profession

in the federal state exercise

The granting of a licence to practise/professional permit is subject to a fee. I will receive a separate notification about the amount of the fee.

Applications from abroad will not be processed until the fee has been received.

## Processing fee

I pay the administration fee

by bank transfer by

direct debit

I hereby authorise LAGeSo to charge this fee of  
from my account mentioned below

Name of the credit institution

IBAN

BIC

Name of the account holder

\_\_\_\_\_  
Signature of the account holder

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 Veterinarians) will receive information when the licence to practise or professional permit 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

Unit 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](mailto: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.

#### 4. Legal basis of the processing

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