



Application for recognition of professional qualifications obtained abroad

Check the profession for which you want to obtain recognition¹ (only one choice possible) :

- | | |
|---|--|
| <input type="checkbox"/> social and hygiene worker <i>assistant d'hygiène sociale</i> | <input type="checkbox"/> head nurse <i>infirmier gradué</i> |
| <input type="checkbox"/> social worker <i>assistant social</i> | <input type="checkbox"/> psychiatric nurse <i>infirmier psychiatrique</i> |
| <input type="checkbox"/> surgical assistant <i>ATM en chirurgie</i> | <input type="checkbox"/> laboratory assistant <i>laborantin</i> |
| <input type="checkbox"/> medical laboratory assistant <i>ATM en laboratoire</i> | <input type="checkbox"/> physiotherapist <i>masseur-kinésithérapeute</i> |
| <input type="checkbox"/> radiologic technician <i>ATM en radiologie</i> | <input type="checkbox"/> speech therapist <i>orthophoniste</i> |
| <input type="checkbox"/> dietician <i>diététicien</i> | <input type="checkbox"/> orthoptist <i>orthoptiste</i> |
| <input type="checkbox"/> occupational therapist <i>ergothérapeute</i> | <input type="checkbox"/> osteopath <i>ostéopathe</i> |
| <input type="checkbox"/> nurse ² <i>infirmier</i> | <input type="checkbox"/> curative teacher <i>pedagogue curatif</i> |
| <input type="checkbox"/> anaesthetics and intensive care nurse
<i>infirmier en anesthésie et réanimation</i> | <input type="checkbox"/> chiropodist <i>podologue</i> |
| <input type="checkbox"/> paediatric nurse <i>infirmier en pédiatrie</i> | <input type="checkbox"/> psychomotor therapist <i>rééducateur en psychomotricité</i> |
| | <input type="checkbox"/> midwife ³ <i>sage-femme</i> |

Personal details:

Last name: First name:

Date of birth: Place of birth:

Country of birth:

Citizenship:

Adresse:

Housenumber, streetname:

Postal code: Town:

Country:

Telephone number: Email address:

¹ For the professions of healthcare assistant and massage therapist, please contact the Ministry of Education, Children and Youth, Department for the Recognition of Diplomas: tel.: (+352) 247-85910; email: reconnaissance@men.lu

² Holders of evidence of formal qualifications referred to in Annex 5.2.2. of Directive 2005/36/CE are exempted from the recognition procedure and may apply directly to the Ministry of Health, Department for Healthcare Professions; email: professions.sante@ms.etat.lu

³ Holders of evidence of formal qualifications referred to in Annex 5.2.2. of Directive 2005/36/CE are exempted from the recognition procedure and may apply directly to the Ministry of Health, Department for Healthcare Professions; email: professions.sante@ms.etat.lu

A-Studies:

Exact name of the qualification for which you are applying for recognition⁴:

⁴ Indicate the qualification in the original language and a translation into either English, French, German or Luxembourgish, if the original language is different.

Secondary education

Name of the institution	Duration of studies	Degree or certificate obtained
.....	from to	
.....	from to	
.....	from to	
.....	from to	

Higher education

Name of the institution	Duration of studies	Degree or certificate obtained
.....	from to	
.....	from to	
.....	from to	
.....	from to	
.....	from to	
.....	from to	

Additional training

Name of the institution	Duration of studies	Degree or certificate obtained
.....	from to	
.....	from to	
.....	from to	
.....	from to	
.....	from to	

B – Work experience

Indicate your previous work experience, if applicable:

C – Legal establishment or recognition of professional qualifications in one or more member states of the European Union

Has your professional qualification been recognized in another member state of the EU to practise your profession⁵ ?

yes no

If yes, indicate the profession for which your qualification has been recognized and the member state of recognition⁶:

⁵ Indicate only recognitions obtained in a member state other than the one in which you obtained your qualification.

⁶ Please indicate the title of the profession in the language of the member state of recognition and a translation into either English, French, German or Luxembourgish, if the original language is different.

Are you legally established in another EU member state to practise your profession?

yes no

If yes, indicate the profession⁷ practised in the member state where you are established⁸:

D – Other observations

⁷ Please indicate the title of the profession in the language of the member state of recognition & a translation into either English, French, German or Luxembourgish, if the original language is different.

⁸ In case of multiple establishments, please complete the information for each member state of establishment.

Documents to be attached to this form:

1. Proof of citizenship:
 - For nationals of member states of the European Union, the European Economic Area and the Swiss Confederation: copy of identity card or passport
 - For third-country nationals: copy of identity card or passport and a document attesting to the benefit of the arrangements of points i) to iii) of article 3, point q) of the “Loi modifiée du 28 octobre 2016 relative à la reconnaissance des qualifications professionnelles” issued by the Luxembourgish Ministry of Foreign Affairs, Directorate of immigration
2. Copies of the qualifications referred to in point A (diploma, training certificate, certificate, diploma supplement, etc.)
3. Official documents proving the work experience referred to in point B (copy of the employment contract, certificate from the employer, etc.)
4. Official documents proving the elements referred to in point C (copy of the authorization to practise, equivalence decision, document certifying the membership of a professional association, etc.)
5. Where appropriate, any other relevant document
6. Proof of payment of the recognition fee (75 euros) ⁹ (debit note)

The documents referred to in 2-5 must be submitted in the original language with a translation into either English, French, German or Luxembourgish, if the original language is different.

The application is to be:

Uploaded online and sent, together with the attachments, via [Guichet.lu](https://guichet.lu)

Or sent by post (including this form) to
 Ministère de l'Enseignement supérieur et de la Recherche
 18-20, montée de la Pétrusse
 L-2327 Luxembourg

For more information on the recognition procedure, please visit:

<https://mesr.gouvernement.lu/en/demarches/reconnaissance-professionnelle/autres-professions-de-sante.html>

⁹ *For online applications, the fee is to be paid by credit card when submitting the application via guichet.lu. For applications sent by post, the file must contain the debit note of the transfer to the following account:*

IBAN LU80 0019 5955 4435 5000

BIC BCEELULL

Name of the beneficiary: Administration de l'Enregistrement et des Domaines

Communication: Taxe reconnaissance des diplômes, MESR, Name of applicant, Date of application

Data protection clause

Please note that your personal data is processed by the Ministry of Higher Education and Research in accordance with applicable data protection legislation and as detailed in the Ministry of Higher Education and Research's privacy policy, which is available on the ministry's website:

<https://mesr.gouvernement.lu/en/support/politique-de-confidentialite.html>

I hereby swear that the information provided is true, accurate and complete.

Place Date Signature _____