 - **Dipartimento per le Politiche Europee***Ufficio per il mercato interno, la concorrenza e gli affari generali*

*Servizio per la libera circolazione delle persone, dei servizi, delle merci e dei capitali  
Centro assistenza per il riconoscimento delle qualifiche professionali*

[*centroassistenzaqualifiche@politicheeuropee.it*](mailto:centroassistenzaqualifiche@politicheeuropee.it)

**Request form for information related to the recognition of professional qualifications**

The form is aimed at those who **intend to pursue a profession in a country other** than that in which they acquired their professional qualification (evidence of formal qualifications, attestation of competence and/or professional experience).

For detailed **information** on the **service offered by the Assistance Centre** [click here](http://www.politicheeuropee.gov.it/it/attivita/riconoscimento-qualifiche-professionali/centro-di-assistenza/)

**A: Applicant’s personal details**

**First name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**if a company, please specify:**

**Name of the company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ country in which the registered office is located:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you have any questions, please provide your telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Information on the profession for which you have qualified

**Profession practised in the country of origin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country in which you wish to practise the profession:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evidence of formal qualification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country which issued the qualification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of years practising the profession:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Subject of the request for assistance

For information on the status of the application for recognition that has been submitted, please contact the competent authority. For the list of competent authorities [click here](http://www.impresainungiorno.gov.it/web/l-impresa-e-l-europa/elenco-professioni-regolamentate?p_auth=yOpT8WuD&p_p_id=PSCTabellaSearchAndView_WAR_pscprofessioniportlet_INSTANCE_in31dqw35HIz&p_p_lifecycle=1&p_p_state=normal&p_p_mode=view&p_p_col_id=column-1&p_p_col_count=1&_PSCTabellaSearchAndView_WAR_pscprofessioniportlet_INSTANCE_in31dqw35HIz_javax.portlet.action=search)

**Select from the list the information that can be requested from the Assistance Centre:**

Which is the **competent** **authority** for **recognising** professional qualifications held.

What is the **procedure** for obtaining **recognition of professional qualifications**.

Which is the **competent** **authority** for the **temporary and occasional exercise** of the profession.

What is the **procedure** to be followed for **practising** the profession **temporarily and occasionally**.

How can I obtain the **European Professional Card** – EPC? I am a:

**pharmacist** ☐ **- nurse** ☐ - **physioterapist** ☐ - **estate agent** ☐ -  **mountain guide** ☐

Which authority is competent for issuing specific certificates required by the host country\* **(e.g. certification of conformity, certificate of good standing)**

*\* Country in which the applicant intends to practise the profession, other than the country of origin*

**Other**:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Please explain the reasons for the request:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESPONSE TIMES**

The Assistance Centre shall reply only to requests sent via this form within **30 working days** of receipt of this form, which must be sent by email to the following address:

[centroassistenzaqualifiche@politicheeuropee.it](mailto:centroassistenzaqualifiche@politicheeuropee.it)

Should any additions or clarifications be needed or the request be particularly complex and require further investigation, the Centre will issue a new deadline **within 15 days of receipt of the request**.

I hereby authorise the processing of personal data present pursuant to Legislative Decree No 196 of 30 June 2003 ‘Personal Data Protection Code’ and Regulation (EU) 2016/679 and have been informed that it will be processed, including by electronic means, exclusively in the context of the procedure for which this declaration is made.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_