

Application for Professional Registration of Diagnostic and Therapeutic Technician,
according to articles 4, 5 and 7 of Decree-Law n.º 320/20 of 11th August

(For EU citizens)

President of the Executive Board
Administração Central do Sistema de Saúde, I.P.
Parque de Saúde de Lisboa, Ed. 16
Av. do Brasil nº 53
1700 – 063 Lisbon

Name: _____

Nationality: _____

Date of Birth: _____ Identity Card/Passport n.º: _____

Tax Identification Number: _____

Address: _____

Zip Code: _____ City: _____

Phone/ Mobile Number: _____

Email: _____

Qualified with diploma/certificate _____,

issued in (date) _____, (city) _____.

I hereby require the issuing of a replacement of my professional registration as
_____, under the terms of articles 4, 5 of
Decree-Law n.º 320/20 of 11th of August, due to _____.

Signature: _____

Date: _____

Notes

Annexes:

- Copy of the Identity Card or Passport;
- Copy of the Tax Identification Number
- Photo, original and updated;
- Certified copy of the diploma / certificate of the professional qualification attained;

Payment:

- For the registration and issuance of a replacement of the professional registration is due the payment of 30 € (according to n.º. 1 and 2 of Ordinance n.º. 1855/2006, of 13th of December 13), plus € 1.85, if the applicant wants it to be sent by registered mail.

Payment methods:

- Bank transfer to the following NIB/IBAN (indicating the name of the professional who requests the replacement of the professional registration)

NIB:	078101120000000840770
IBAN:	PT50078101120000000840770

- Proof of payment must accompany the application to be sent to ACSS;
- Cash payments sent by post will not be accepted.