**Application for Recognition of Qualifications and Professional Registration of Diagnostic and Therapeutic Technician, according to articles 4, 5 and 7 of Decree-Law n.º 320/99 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Intending to work in Portugal as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (identify activity), I hereby require the recognition of the afore mentioned diploma / certificate, under the Directive 2005/36 / EC of the Parliament and of the Council, of 7th of September, transposed to domestic law n.º 9/2009, of 4th of March. Additionally, I hereby request the recognition of my professional title as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as well as my professional registration, under the terms of articles 4, 5 and 7 of   
Decree-Law n.º 320/99 of 11th of August.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Failure to complete this form may render your application invalid.

**Notes**

**Annexes:**

* **Certified copy of the diploma / certificate of the professional qualification attained**;
* **Document issued by the competent authority of the Member State of origin or the Member State from which the foreign national comes from**, proving that the applicant fulfils the requirements laid down by that State for the same profession;
* **Copy of the Identity Card or Passport**;
* **Study Plan** of the course issued by the school (subjects, hours and credits);
* **Documents proving professional experience** (optional);
* **Photo, original and updated**;
* **Copy of the Tax Identification Number**
* **Exclusively for Speech Therapist:** Send original statement issued by a speech therapist (duly authorized for practice in Portugal) proving the inexistence of speech and/or voice disturbance and dominates the Portuguese language spoken or written.
* **Proof of payment (50,00 euros)**

**Payment methods:**

* Bank transfer to the following NIB/IBAN (indicatingthe name of the professional who requests the recognition of qualifications)

|  |  |
| --- | --- |
| **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.**