



Application form

1) Full name of applicant:

.....

2) CPR No:

.....

(If you do not have a Danish CPR No, give your date of birth (dd-mm-yy) instead.)

3) Address:

4) Email address:

.....

5) Tel. No:

.....

5) Current place of work:

.....

Name of clinic

.....

Work address (name of street, name of city)

7) Date of payment of fee (DKK. 2000.00):

8) Are you applying for authorisation based on a foreign qualification which has been recognised by the Board of Psychological Practice?

No Yes

9) Do you have a condition, an illness, or a substance-abuse problem/other addiction that may affect your suitability to practise as an authorised psychologist?

No Yes

10) Have you been sentenced for a punishable offence which may present an obvious risk of misuse of your occupation as an authorised psychologist?

No Yes

The applicant's declaration of the information given above

I, the undersigned, hereby declare that the information given in the application form and in the appended documentation for my practical training for authorisation is correct.

Date

Signature of applicant

Have you remembered everything?

Before you send the application, check the following:

- The application form has been completed and signed**
- Diploma has been appended (see p. 2 if the date of completion does not appear on p. 1)**
- Documentation for change of name, if any**
- The completed and signed supervision forms have been appended**
- The completed and signed employment forms have been appended together with job descriptions**
- An auditor's declaration has been appended (only applies to self-employed/privately practising psychologists)**
- Supplementary documentation, if applicable, has been appended**
 - The decision by the Board of Psychological Practice on recognition has been appended (Sec. 8)**
 - Explanation of factors that may affect the granting of authorisation (Sec. 910)**
- The fee of DKK 2,000 has been paid, and the applicant's CPR No. has been given** (See info on payment of fee on the Board of Psychological Practice's website).

List of annexes
Documentation for supervision

Supervisor	Which workplace relates to the supervision	Internal/ External	Number of hours: (not converted)	Number of supervisees