



**REGIONE AUTÒNOMA DE SARDIGNA
REGIONE AUTONOMA DELLA SARDEGNA**

ASSESSORADU DE S'IGIENE E SANIDADE E DE S'ASSISTÈNTZIA SOTZIALE
ASSESSORATO DELL'IGIENE E SANITA' E DELL'ASSISTENZA SOCIALE

Direzione generale della Sanità
Servizio Programmazione Sanitaria ed Economico Finanziaria e Controllo di Gestione

Annex B

Application for inclusion in the regional list of available professionals and in possession of the requirements for the temporary practice of the health profession of nurse and surgeon who intend to practice in the regional territory, the profession regulated by specific directives of the European Union on the basis of a qualification obtained abroad. Article 15 Decree Law March 30/2023, No. 34.

To the Autonomous Region of Sardinia

Department of Hygien and Health and Social Welfare

Health and Economic-financial planning and
management control service

San.gdgsan@pec.regione.sardegna.it

DICHIARAZIONE SOSTITUTIVA DELL'ATTO DI NOTORIETÀ - Self Affidavit
(Art. 47 del DPR 445/2000 - Article 47 of Presidential Decree 445/ 2000)

I, the undersigned _____, born on _____ on
_____, nationality _____ residing at _____ in
street _____, ZIP Code _____, tax code _____
PEC _____, mail _____, tel* N*

REQUIRES

To be registered in the regional list of available professionals and in possession of the requirements for the temporary practice of the health profession of nurse and/or surgeon (cross out of the discipline of interest) who intend to practice in the regional territory the profession regulated by specific directives of the European Union on the basis of a qualification obtained abroad.

To this end, pursuant to Articles 46 and 47 of Presidential Decree 445/2000, aware of the criminal penalties referred to in the Article 76 of Presidential Decree 445/2000, as well as the forfeiture of benefits obtained on the basis of untrue statements pursuant to Article 75 of Presidential Decree 445/2000.



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DECLARE

- To hold the educational or professional qualification of (indicate title in original language) _____ obtained at the University/Institution _____ date _____, that I am a member of the professional association/professional register _____, of _____ country _____, from _____
- To know the following languages _____
- To be/not to be in possession of Italian citizenship positive negative
 - acquisition citizenship by descent (i.e. for having Italian parents or ancestors)
 - citizenship by marriage to an Italian citizen or by civil partnership
 - acquisition of Italian citizenship by Italian residence
 - others
- To have the following PEC (**certified e-mail**) address at which he/she requires to receive all communications pertaining to this proceeding:

- I authorise the processing of my personal data according to the privacy statement and declare my agreement with Annex C and its personal data processing

Please find enclosed

- 1) True copy to the original of the professional qualification or qualification and specialization, if any (the latter only for surgeons)
- 2) True copy of the the original of the certification of registration with the professional association/registry or, alternatively, equivalent copy of the declaration of value as specified at the bottom of the page;
- 3) curriculum vitae et studiorum in European format written or translated into Italian
- 4) certification of Italian language proficiency level B1 of the Common European Framework of Reference for Languages CEFR (for surgeons only)

N.B.: certifications of knowledge of the Italian language is not necessary for those who hold Italian citizenship by marriage or Italian residence. Certifications of knowledge of the Italian language is required for those who hold Italian citizenship in other ways than those different mentioned above.



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5) Copy of valid ID

6) Copy of residence permit allowing working activity (only for non-EU citizens);

N.B. An Italian language translation notarized by the Italian consular authority in the country where the document was issued, certifying its conformity to the original, must be attached to the documentation in points 1) and 2), including any declaration of value equivalent. Alternatively, the translation may be sworn or notarized by an Italian court.

N.B.: in the event that the interested party is unable to produce the certificate of registration in the register of the country of origin, because in his or her own country there is no professional order of reference, it is necessary for the professional to attach to the application a copy of the declaration of value, conforming to the original, issued by the Italian Diplomatic or Consular authority present in the country where the title was issued.

The statement of value should certify:

- 1) That the title was issued by competent authority in the relevant country;
- 2) That the degree gives license to practice the profession in the relevant country
- 3) The years of duration of the degree program
- 4) The regularity of the title itself
- 5) The professional activities that the title allows to be practised in the country of reference.

Place and date

Signature
