

FORM FOR THE TRANSFER OF MEDICAL RECORDS
SUMMARY OF MEDICAL HISTORY
MEDICAL DETAILS IN CONFIDENCE

PART A to be completed by applicant

Note: Only English Language accepted

Any charges incurred for translations are the responsibility of applicant

APPLICATION FOR A CHANGE OF COMPETENT AUTHORITY		
	ITEM	DESCRIPTION
Applicant details:	1	State of licence(s) issue Current competent authority <i>Country and authority</i>
		Future competent authority <i>Country and authority</i>
	2	Title of licence(s)/certificate(s) including restriction(s) and corresponding serial number of licence(s) held, national medical reference number <i>All licences and certificates currently held. Indicate only the related certificate(s) if you do not hold a valid licence anymore</i>
	3	Full name <i>Last and First names</i>
	4	Date of birth <i>dd/mm/yyyy</i>
	5	Address
	6	Contact details (a) e-mail: (b) phone number:
7	Nationality <i>Country</i>	

I, _____
Last and First name of applicant

hereby apply for a change of competent authority

from my current competent authority to the future competent authority. To that end, I consent to a transfer of medical records, including the transfer of medical records and associated exchange of information between the current and future competent authorities. I apply for transfer of all my licences issued in accordance with Regulations (EU) No 1178/2011, (EU) 2018/395, and (EU) 2018/1976 within the different categories. I accept responsibility for any fees incurred in translating or transferring my records.

I will immediately surrender my current licences/certificates and medical certificate to the future competent authority upon receiving the 'new' licences/certificates and medical certificate. I understand that the current competent authority remains my competent authority until I have received the new licences/certificates and medical certificate, as applicable, issued by the future competent authority. I hereby declare that I have not submitted any other request to another competent authority than the future competent authority as indicated above. I have submitted all the necessary paperwork for my application to be considered. I declare that the information provided on this application form is true, complete, and correct. Any incorrect information on this form or non-compliance with the essential requirements of Annex IV to the Basic Regulation or with the requirements of Regulations (EU) No 1178/2011, (EU) 2018/395, and (EU) 2018/1976 could disqualify the applicant from having his records transferred from the current to the future competent authority.

Signature _____

Date *dd/mm/yyyy* _____