

**APPLICATION**

# SPECIALIST MEDICAL TRAINING PROGRAM

**For doctors applying outside the European Union**

## REQUIREMENTS

In order to be eligible to apply for specialist medical training program you need to fulfill requirements about experience and conditions. Please confirm that you fulfill the requirements below by marking the box.

I have a relevant M.D. degree and certificate.

I have at least two (2) years of clinical experience.

I have a financial guarantee from my country covering tuition fees and my living expenses for whole training period including introduction year if needed.

I speak English fluently.

I can travel to Sweden on own expenses to meet the clinic and Skåne Care.

I understand that I will undergo training without a Swedish license and will not be able to work after my training as a doctor in Sweden.

I understand that I will receive my certificate from Skåne University Hospital.

I understand that I need to speak Swedish fluently according to level C1 ([CEFR](#)) before I start specialist medical training program.



**DOCUMENTS REQUIRED TO COMPLETE THE APPLICATION**

The application form shall be accompanied by following documents in english to be complete:

- One (1) page personal letter, including goals and expectations
- Two (2) page CV, including educational periods and employment periods
- Transcript copy
- Graduation certificate copy
- Max three (3) reference letters
- Copy of financial guarantee
- Passport copy

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**CONSENT TO PROCESSING OF PERSONAL INFORMATION**

Skåne Care AB will mediate contact with the clinics in southern Sweden if there is an available position announced. Skåne Care AB is subject to rules regarding processing of personal data according to Swedish legislation, inter alia Swedish Personal Data Act (1998:204). In order to coordinate the specialist training you requested Skåne Care AB needs your consent to process the information in this application and accompanied documents. The data will be processed by employees within Skåne Care AB and the head of the specialist training involved in your medical training.

According to Swedish Personal Data Act (1998:204) you have the right to, free of charge and once per year get information about what personal data Skåne Care AB holds about you, including where the data has been collected, the purpose of the processing and to which recipient/ recipients the data is disclosed. Application for information shall be made in writing and sent to Skåne Care AB, Trollebergsvägen 5, 223 81 Lund, Sweden.

I hereby give my consent to Skåne Care to process my personal data as outlined above.

<b>Date (yyyy-mm-dd):</b>
<b>Place:</b>
<b>Printed name:</b>
<b>Signature:</b>

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Please send completed and signed form together with required documents in one file to: [specialisttraining@skanecare.com](mailto:specialisttraining@skanecare.com) or Skåne Care AB, Trollebergsvägen 5, 222 29 Lund, Sweden.

Incomplete applications will not be processed or answered.

Thank you for your application and interest!