

## APPLICATION

# SPECIALIST DENTAL TRAINING PROGRAM

**For dentists applying from outside the European Union**

### REQUIREMENTS

In order to be eligible to apply for specialist training 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 DDS (Doctor or Dental Surgery), DMScDS (Degree of Master of Science in Dental Surgery) or equivalent 5-year degree and certificate.
- I have at least two (2) years of clinical experience, including both pediatric and adult dental care.
- 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 and can provide a TOEFL or IELTS test result.
- 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 dentist in Sweden.
- I understand that I will receive my certificate from Folk tandvården Skåne and the Swedish National Board of Health and Welfare.
- I understand that I need to speak Swedish fluently according to level C1 ([CEFR](#)).

**PERSONAL INFORMATION**

Family name:	Sex:
First name:	Date of birth YYYY-MM-DD:
Middle name:	Citizenship:

**CONTACT INFORMATION**

Phone:	E-mail:
Address:	Postal code:
City:	Country:

**APPLICATION**

Specialty choice:
Sub-Specialization/Fellowship (if interested):

**LANGUAGE**

<b>English:</b>					
<input type="checkbox"/> No skills	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native	
<b>Arabic:</b>					
<input type="checkbox"/> No skills	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native	
<b>Other (please specify):</b>					
<input type="checkbox"/> No skills	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native	Language:

**ADDITIONAL INFORMATION**

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## DOCUMENTS REQUIRED TO COMPLETE THE APPLICATION

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Max One (1) page personal letter including goals and expectations         | <input type="checkbox"/> Transcript copy                 | <input type="checkbox"/> Max three (3) reference letters |
| <input type="checkbox"/> Max Two (2) page CV, including educational periods and employment periods | <input type="checkbox"/> Graduation certificate copy     | <input type="checkbox"/> Copy of Financial Guarantee     |
|  | <input type="checkbox"/> TOEFL or IELTS certificate copy | <input type="checkbox"/> 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 European legislation GDPR:2018, inter alia General Data Protection Regulation (2018). In order to coordinate the specialist training requested Skåne Care AB needs your consent to process the information in this application and accompanied documents (see required documents above). The data will be processed by employees within Skåne Care AB and employees within the clinic involved in the clinical training. Application files are saved up to a total of four (4) years unless a cancellation is made beforehand. For candidates accepted to the program, application files are saved up to one (1) year after completion or in case of early termination of studies.

- I hereby give my consent to the processing of my personal data by Skåne Care AB in accordance with text above.

Date (yyyy-mm-dd):

Place:

Printed name:

Signature:

According to GDPR (2018) 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, 222 29 Lund, Sweden.

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Please send completed and signed form together with required documents to [specialisttraining@skanecare.com](mailto:specialisttraining@skanecare.com).

Incomplete applications will not be processed. Thank you for your application and interest!