

Please note!

Don't forget to sign this form.



CIBG
Ministerie van Volksgezondheid,
Welzijn en Sport

BES exemption

Application for extension of the BES exemption

- Fill in the form completely
- Print the form and sign it
- Scan the signed form
- Send it by email to info@besontheffingen.nl

Required documents

- Certificate of Current Professional Status (CCPS) of all countries where you have worked or lived for more than three months. This document must not be older than three months. You do not need to supply a CCPS from the Netherlands.
- Do you also want an exemption for a specific area of expertise that was not previously included in your exemption? Then provide supporting documents for the assessment of this.
- A recent curriculum vitae (CV).

In the explanatory memorandum you will find information about the requirements that are set for the various documents.

1 Algemene gegevens / contactgegevens

- 1.1 Birth name (as shown on your passport) _____
- 1.2 First name / first names _____
- 1.3 Reference number decision BES exemption _____
- 1.4 Email address (for correspondence concerning your BES exemption) _____

2 Profession and specialisation

- 2.1 For what profession are you applying for a BES exemption?
- pharmacist
 physician
 midwife
 dentist
- 2.2 Would you also like to apply for a BES exemption for a specific area of expertise?
- > For which area of expertise are you applying for an exemption?
It does not have to be a specialism as referred to in Article 14 of the BIG Act. For example, it can also be a certain profile.
- _____
- 2.3 Permission
- I give permission for my details from the BIG register to be used in the assessment of this request.
 I give permission for correspondence to be sent to me by email.
 I consent to the sharing of my data with the professional association that assesses the area of expertise.
- _____

3 Authorisation

For this procedure, I authorise

3.1 Name

Correspondence address

3.2 Street and house number

3.3 Postcode and city/town

3.4 Country

3.5 Email address

3.6 Telephone number

4 Signature

Declaration

I declare that there is no measure in effect against me based on any judicial, disciplinary or administrative law decision on grounds of which I have temporarily or permanently lost all or some of my rights to perform the particular profession in the country where the decision was issued. I also declare that I have not been placed under guardianship on account of a mental disorder.

By signing, I declare that I have answered entirely truthfully. And that I am aware that providing misinformation can – in addition to possible criminal consequences – have implications for the application for an exemption.

4.1 City/town

4.2 Signature and date

Day Month Year