Directorate-General

**Health care**

Health professions and professional practice

**WRITTEN DECLARATION**

**Provision of temporary and occasional services in Belgium by European healthcare professionals**

I, the undersigned,

name (capital letters) and surname: ,

born on: at: ,

with nationality: ,

residing at[[1]](#footnote-1):

,

e-mail:

hereby declare that I will come and practise a health care profession on a temporary and occasional basis on Belgian territory, in particular:

Profession:

Type of service[[2]](#footnote-2):

Place of service[[3]](#footnote-3):

Duration: from to

I, the undersigned, hereby present the details of insurance cover or other similar forms of protection, individual or collective, in the field of professional liability:

Date:

Signature (and if applicable stamp) of the professional:

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**Documents to be attached:**

1. Declaration completed (with details of insurance cover)
2. Copy of the identity card
3. Copies of diplomas, certificates and/or professional qualifications
4. Extract from the criminal record/evidence of good conduct
5. Certificate of current professional status (CCPS) (proof of good professional conduct/proof of absence of (disciplinary) sanctions).
6. Proof/data of insurance
7. *Proof of professional experience, only if the profession is not regulated (at least 1 year in the Member State of origin during the 10 years preceding the provision of services in Belgium).*

The declaration and the documents can be sent to [visa@health.fgov.be](mailto:visa@health.fgov.be).

1. Fill out full address [↑](#footnote-ref-1)
2. Describe briefly [↑](#footnote-ref-2)
3. Address and/or institution [↑](#footnote-ref-3)