



## POWER OF ATTORNEY

*Application for Danish authorization*

<u>Name of applicant</u>	<u>Case number if any</u>
<u>Address of applicant</u>	
<u>Email of applicant</u>	
<u>Phone number of applicant</u>	
<u>Personal ID or CPR no. if applicable</u>	

**I hereby give power of attorney to:**

<u>Name of holder of power of attorney</u>	
<u>Address of holder of power of attorney</u>	
<u>E- mail of holder of power of attorney</u>	<u>Phone number of power of attorney</u>
<u>CPR/CVR no. if applicable</u>	

to represent and look after my interests in connection with my application for Danish authorization at the Danish Patient Safety Authority.

As long as the power of attorney is valid, all letters from the Danish Patient Safety Authority will be sent to the person I give power of attorney to.

This power of attorney only applies up until the time that the Danish Patient Safety Authority have made the first decision regarding my application - e.g., when they have made a decision on whether my education is equivalent to the Danish basic education.

I can change, extend or withdraw my power of attorney at any time by notifying the Danish Patient Safety Authority.

<u>Place and date</u>	<u>Signature of applicant</u>
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## How to send you power of attorney

The signed power of attorney must be uploaded along with the necessary documentation when applying for Danish authorization if the proxy is applying on your behalf

You can also send the power of attorney by email to: [aaes@stps.dk](mailto:aaes@stps.dk) if you later wish to be represented by a third party.