

REQUIRED DOCUMENT: CHIROPRACTORS

Questionnaire for Health Care Professionals.

- Please note you must provide an ISRAELI address and cell phone# (can be of friends/family).

A copy of your Israeli identification card

- including the attachment showing your address, if applicable
- if you don't yet have an Israeli ID, then include a copy of your current valid foreign passport

חוות דעת מקצועית לקראת קבלת תעודת הכרה במעמד קבועה לעיסוק בכירופרקטיקה

If you've never worked in Israel (before 04.06.2024) you'll also need to submit:

Final diploma

from a recognized institution, or certification from the institution of completion of studies

- Must be authenticated by an Israeli notary
- If your certification is in a language other than English/Hebrew, it must be translated into English/Hebrew as well

https://www.gov.il/BlobFolder/dynamiccollectorresultitem/chiropractic-professional-opinion/he/subjects_medical-professions-licensing_files_chiropractic-professional-opinion.doc

that certifies your observed work period of 6 months (between 20-40 weekly hours over minimum 3 days per week) in a hospital in Israel where there is a chiropractic clinic or where chiropractic services are provided, or in a hospital where there is an orthopedic clinic with a spine unit.

- Before beginning supervised work, you must obtain a permit to work under

REQUIRED DOCUMENTS - CONTINUED

supervision. To obtain the permit, you must fill out an application form and send it to the Medical Professions Licensing Division, Ministry of Health, 39 Yermiyahu Street, P.O. Box 1176, Jerusalem 9101002.

- Valid license**
 - Must be authenticated by an Israeli notary
- Professional Certificate of Good Standing from the authority authorized to issue this in the state you are licensed.**
 - The certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the applicant.
 - **To be sent directly from the medical board of the state in which you are licensed via email to hagai.zilberman@moh.gov.il at the Ministry of Health, or via postal service to the Ministry of Health, Licensing Division, C/O Nechama, 39 Yirmiyahu St. P.O.B 1176, Jerusalem 9101002**

If you worked in Israel for up to 5 years you'll also need to submit:

- Final diploma**
 - from a recognized institution, or certification from the institution of completion of studies
 - Must be authenticated by an Israeli notary
 - If your certification is in a language other than English/Hebrew, it must be translated into English/Hebrew as well

https://www.gov.il/BlobFolder/dynamiccollectorresultitem/chiropractic-professional-opinion/he/subjects_medical-professions-licensing_files_chiropractic-professional-opinion.doc

that certifies your observed work period of 6 months (between 20-40 weekly hours over minimum 3 days per week) in an Israeli hospital where there is a chiropractic clinic or one where chiropractic services are provided, or in a hospital that has an orthopedic clinic with a spine unit.

REQUIRED DOCUMENTS - CONTINUED

- Before beginning supervised work, you must obtain a permit to work under supervision. To obtain the permit, you must fill out an [application form](#) and send it to the Medical Professions Licensing Division, Ministry of Health, 39 Yermiyahu Street, P.O. Box 1176, Jerusalem 9101002.
- Employment confirmation from a hospital or health insurance company in Israel. In the case of private employment, an accountant's certificate of income from chiropractic or a certificate of continuity of professional liability insurance from an insurance company must be presented.
- For those who have worked in Israel for less than a year - a valid license from abroad

For those who have work more than 5 years (since 04.06.2024) you'll also need to submit*:

- Original chiropractic recognition certificate, previously issued by the Ministry of Health.
- A copy of a diploma or certificate in the chiropractic profession, certified by an Israeli notary (if the certificate is in a language other than Hebrew or English, a translation by certified Israeli translators is required).
- Employment confirmation from a hospital or health insurance fund in Israel.
- If you've worked privately, a CPA certificate on chiropractic income or a certificate of continuity of professional liability insurance from an insurance company must be presented.

* Please note: those who fall into this category must submit documents by 4.6.2025

REQUIRED DOCUMENTS: DENTAL HYGIENE

- Questionnaire for Health Care Professionals.**
 - Please note you must provide an ISRAELI address and cell phone# (can be of friends/family).
- Application form to take the government licensing examination for dental hygienists (attached below).**
 - For information about submitting this document, please reach out to medpro@nbn.org.il
 - If you're planning to take your licensing exam PRIOR to making Aliyah, please fill out this document. Once you've completed the document, please download a copy, complete it, and send it to medpro@nbn.org.il
- A copy of your Israeli identification card**
 - Including the attachment showing your address, if applicable
 - If you don't yet have an Israeli ID, then include a copy of your current passport
- Valid license.**
- Professional Certificate of Good Standing from the authority authorized to issue this in the state you are licensed.**
 - The certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the applicant.
 - **To be sent directly from the medical board of the state in which you are licensed via email to hagai.zilberman@moh.gov.il at the Ministry of Health, or via postal service to the Ministry of Health, Licensing Division, C/O Nechama, 39 Yirmiyahu St. P.O.B 1176, Jerusalem 9101002**

REQUIRED DOCUMENTS - CONTINUED

Final diploma

- From a recognized institution, or certification from the institution of completion of studies (at least 2,000 hours).
- Alternatively, proof of fulfillment of all obligations to the institution and eligibility for a diploma as a dental hygienist, which will be awarded at a certain time.

Official confirmation of the studies start and completion dates.

Official proof of work history

- From the relevant institutions, stating the start and end date of the employment at each of the institutions.

Documentation of legal name change, if relevant.

- This is required if some of your documentation has one set of first/last name, and the rest has your new name.

בקשה להבחן בבחינת רישוי ממשלתית בשיננות

תאריך: _____

לכבוד:

מנהל האגף לרישוי מקצועות רפואיים
רחוב ירמיהו 39, ת.ד. 1176, ירושלים 9101002
משרד הבריאות

אני החתום/ה מטה:

שם משפחה: _____ שם פרטי: _____ מס' זהות: _____
כתובת: _____ מיקוד: _____ מס' טלפון: _____

מבקש/ת להבחן בבחינת הרישוי הממשלתית בשיננות, בהתאם לדרישות החוק במקצוע זה.

{ } ברצוני להבחן במועד קיץ

{ } ברצוני להבחן במועד חורף

לתשומת לבכם:

- א. הבחינה תתקיים בשפה העברית.
- ב. הרישום לבחינה יהיה בתוקף רק לאחר אישור מנהל האגף לרישוי מקצועות רפואיים במשרד הבריאות, כי הינך זכאי/ת לגשת לבחינה בהתאם לחוק. הודעה על מועד הבחינה, מיקומה ושאר תנאים תשלח אליך במועד מאוחר יותר, וכן תפורסם באתר האינטרנט של האגף לרישוי מקצועות רפואיים, בכתובת:
<http://www.health.gov.il/Subjects/MedicalAndHealthProfessions>

חתימה _____

נא למלא את הטופס בשני העתקים

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לשימוש משרד הבריאות

לכבוד: ועדת הבחינות בשיננות

החתום/ה לעיל _____ זכאי/ת להבחן בבחינת הרישוי בשיננות.

בכבוד רב,
ד"ר א. שנון
מנהל האגף לרישוי מקצועות רפואיים

REQUIRED DOCUMENTS – DENTISTRY

- Questionnaire for Health Care Professionals.**
 - **Please note you must provide an ISRAELI address and cell phone# (can be of friends/family).**
- Application Form for taking the dental licensing examinations (if applicable, attached below).**
 - For information about submitting this document, please reach out to medpro@nbn.org.il
 - If you're planning to take your licensing exam PRIOR to making Aliyah, please fill out this document. Once you've completed the document, please download a copy, complete it, and send it to medpro@nbn.org.il
- A copy of your Israeli identification card**
 - including the attachment showing your address, if applicable
 - if you don't yet have an Israeli ID, then include a copy of your current passport
- Final diploma in dentistry from a recognized university**
 - or a confirmation of graduation from the university, completion of all requirements to the university and eligibility for a diploma in the profession that will be awarded at a certain time.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Official transcript including confirmation of start and end dates of study.** If the studies were conducted at more than one institute, provide official confirmations on the chronology of the studies and the courses taken in each institute.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il

If the start and end dates have not been mentioned in your transcript, please have your university email a separate letter with this information directly to hagai.zilberman@moh.gov.il.
- Professional Certificate of Good Standing from the authority authorized to issue this in the state you are licensed.**
 - The certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the applicant.

REQUIRED DOCUMENTS - CONTINUED

- To be sent directly from the medical board of the state in which you are licensed via email to hagai.zilberman@moh.gov.il at the Ministry of Health, or via postal service to the Ministry of Health, Licensing Division, C/O Nechama, 39 Yirmiyahu St. P.O.B 1176, Jerusalem 9101002
- Valid dentistry license.**
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Official proof of work history from the appropriate medical institutions, stating the start and end date of employment at each institution.**
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
 - Documentation of legal name change, if relevant.
 - This is required if some of your documentation has one set of first/last name, and the rest has your new name.

Documents for exemption from the licensing exam

- A letter from an employer(s) proving 5 years of work experience within the last 7 years, official work permits from the appropriate medical institutions, and indication of the start and end date of work at each institution.
- Proof that your license has been continuously registered with the relevant authorities for the 5 years prior to making the request for exemption.

If you're an independent contractor

- A letter from your accountant on official letterhead and signed with wet ink which includes the following details:
- Dates when work was performed
- Confirmation that you're a dentist (just needs to specifically say the word dentist!)
- Registration number of your practice from the issuing state or province
Your license number

To be authenticated or sent directly from the issuing body to hagai.zilberman@moh.gov.il

REQUIRED DOCUMENTS: DIETITIAN/NUTRITION

Following your meeting with the Israeli Ministry of Health (MOH), here is a list of the documents required in order to open a file with the Medical Professions Licensing Division:

- Questionnaire for Health Care Professionals.
 - Please note you must provide an ISRAELI address and cell phone# (can be family or friend's information)
- Application form for the nutrition-dietetics exam (attached below)
 - For information about submitting this document, please reach out to medpro@nbn.org.il
 - If you're planning to take your licensing exam PRIOR to making Aliyah, please fill out this document. Once you've completed the document, please download a copy, complete it, and send it to medpro@nbn.org.il
- A copy of your Israeli identification card
 - Including the attachment showing your address, if applicable
 - If you don't yet have an Israeli ID, then include a copy of your current passport
- Nutrition-dietetics degree (BA and MA)
 - Or alternatively, confirmation of completion of studies and fulfillment of all obligations from a university, making the applicant eligible for a degree in this profession, which will be awarded at a certain time.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il

REQUIRED DOCUMENTS - CONTINUED

- Professional Certificate of Good Standing from the authority authorized to issue this in the state where you are licensed.
 - The certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the applicant.
 - **To be sent directly from the medical board of the state in which you are licensed via email to hagai.zilberman@moh.gov.il at the Ministry of Health, or via postal service to the Ministry of Health, Licensing Division, C/O Nechama, 39 Yirmiyahu St. P.O.B 1176, Jerusalem 9101002**
- University Transcript
 - Divided according to semester/year WITH course descriptions and confirmation of start and end date of your studies.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- A valid license.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Official certification of having successfully completed internship
 - Through your school (750 hours) or documents relating to at least one year of overseas work experience as a nutritionist-dietitian.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Documentation of legal name change, if relevant.
 - This is required if some of your documentation has one set of first/last name, and the rest has your new name.

בקשה להבחן בבחינה הממשלתית בתזונה דיאטה

הנחיות

- יש להקפיד למלא את הטופס כאשר השדות המסומנים בכוכבית אדומה (*) הינם חובה למילוי.
- הרישום לבחינה יהיה בתוקף רק לאחר אישור מנהל האגף לרישוי מקצועות רפואיים במשרד הבריאות, כי הנך רשאי/ת לגשת לבחינה בהתאם לחוק. הודעה על מועד הבחינה, מיקומה ושאר תנאים תשלח אליך במועד מאוחר יותר, וכן תפורסם [באתר האינטרנט של האגף לרישוי מקצועות רפואיים](#).
- את הטופס יש למלא ולשלוח אל מנהל האגף לרישוי מקצועות רפואיים, רחוב ירמיהו 39, ת.ד. 1176 ירושלים 9101002, משרד הבריאות.

פרטי הבקשה

אני החתום/ה מטה:

* שם משפחה:	* שם פרטי:
* תעודת זהות:	* טלפון נייד:
* כתובת:	מיקוד:

1. מבקש/ת להבחן בבחינה הממשלתית בתזונה דיאטה בהתאם לדרישות התקנות במקצוע זה.

ברצוני להבחן במועד הראשון בשנה

ברצוני להבחן במועד השני בשנה

2. הבחינה תתקיים בכתב, בשפה העברית, הערבית, האנגלית, הספרדית, הצרפתית והרוסית.

ברצוני להבחן בשפה העברית ברצוני להבחן בשפה הספרדית

ברצוני להבחן בשפה הערבית ברצוני להבחן בשפה הצרפתית

ברצוני להבחן בשפה האנגלית ברצוני להבחן בשפה הרוסית

לתשומת לבכם:

בקשה לתרגום הבחינה לשפות הזרות וכן בקשה להתאמות (כגון הארכת זמן) יש להגיש עד 60 יום טרם מועד הבחינה.

*תאריך

*חתימה

לשימוש משרד הבריאות

לכבוד: ועדת הבחינות בתזונה דיאטה

החתום/ה לעיל _____ רשאי/ת להבחן בבחינה הממשלתית בתזונה דיאטה.

בכבוד רב,

האגף לרישוי מקצועות רפואיים

עמוד 1 מתוך 1

Division of Medical Professions
Ministry of Health

P.O.B 1176 Jerusalem 91010

Tel: *5400, Fax: 02-5655997

call.habriut@moh.health.gov.il



האגף לרישוי מקצועות רפואיים

משרד הבריאות

ת.ד. 1176 ירושלים 91010

טלפון: *5400, פקס: 02-5655997

call.habriut@moh.health.gov.il

REQUIRED DOCUMENTS: PHYSICIANS

- 1 photocopy of an Israeli identity card, including the address slip and statement of status in Israel (citizen or resident). If you don't have it yet, a copy of your current passport.
- Questionnaire for Health Care Professionals.
 - Please note you must provide an ISRAELI address and cell phone# (can be of friends/family).
- Please also open a file at this link, and upload copies of your documents. Please note that you will also have to submit physical, authenticated copies in order for your application to be processed.
- Final diploma in medicine from an accredited university or a confirmation of graduation from the university, completion of all obligations and eligibility for a diploma in this profession that will be granted on a certain date .
- A valid license.
- A specialist certificate
 - Board certifications (if applicable) – copies only.
- Professional Certificate of Good Standing from the authority authorized to issue this in the state you are licensed.
 - The certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the applicant.
 - To be sent directly from the medical board of the state in which you are licensed via email to hagai.zilberman@moh.gov.il at the Ministry of Health, or via postal service to the Ministry of Health, Licensing Division, C/O Nechama, 39 Yirmiyahu St. P.O.B 1176, Jerusalem 9101002

REQUIRED DOCUMENTS - CONTINUED

- Documentation of legal name change, if relevant.
 - This is required if some of your documentation has one set of first/last name, and the rest has your new name.
- If you are a DO, you'll also need to provide:
 - Detailed transcript including course descriptions.
 - This document needs authentication, or can be sent directly from the University to hagai.zilberman@moh.gov.il
 - Proof of Residency period with details regarding the time you spent there.
 - This document must sent directly from the Hospital where residency placement occurred to hagai.zilberman@moh.gov.il

If you are a graduate of medical studies from certain countries, the Ministry of Health will also require the following documentation in addition to the above listed:

- University transcript with course descriptions (MD)
- Official confirmation of start and completion dates of your medical studies
 - May be on the transcript
- Proof of Employment
- A specialist certificate - board certifications (if applicable) – **with authentication**
- Request to take the Israeli Medical Licensing Exam (attached below)
- If you're planning to take your licensing exam PRIOR to making Aliyah, please fill out this document. Once you've completed the document, please download a copy, fill it out, and send the completed version to medpro@nbn.org.il

REQUIRED DOCUMENTS: GENETIC COUNSELORS

- Questionnaire for Health Care Professionals**
- Final degree from a recognized university,**
 - alternatively, a certification from the university that you have completed your studies and have fulfilled all requirements to be eligible for a degree in human genetics, life sciences majoring in genetics related studies, biology and medicine, which will be awarded at a certain time.
- Official certification of the date that you commenced and completed your studies.**
- Official document from the head of the genetic institute testifying to his/her agreement to enroll the applicant for internship.**
Overseas license to practice
 - if the requested license cannot be attached, a letter of explanation should be attached.
- Official licenses to practice from the relevant institutions,**
 - Please ensure that the start and end date of the employment at each of the institutions is listed explicitly.
- A professional Certificate of Good Standing from the authority authorized to issue this in the country from which the applicant immigrated to Israel.**
 - The Certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the clinical cytogeneticist.

REQUIRED DOCUMENTS: MEDICAL LABORATORY STAFF

- Application form for medical laboratory workers governmental licensing exam (attached below)**
 - For information about submitting this document, please reach out to medpro@nbn.org.il
 - If you're planning to take your licensing exam PRIOR to making Aliyah, please fill out this document. Once you've completed the document, please download a copy, complete it, and send it to medpro@nbn.org.il
- Questionnaire for Health Care Professionals.**
 - **Please note you must provide an ISRAELI address and cell phone# (can be of friends/family).**
- 1 photocopy of an Israeli identity card**
 - Including the address slip and statement of status in Israel (citizen or resident).
 - If you don't have it yet, a copy of your current passport.
- A formal confirmation** on successfully completing an internship or alternatively an employment confirmation for at least one year in the profession overseas.
- A Medical lab license** from the country in which the graduate had studied and/or had engaged in the profession
 - Provided the license cannot be attached, as requested, an explanation letter is to be attached).
- Formal work history of at least 1 year from the appropriate medical institutions**
 Indicating the commencement and ending date of the job in each institution (official letters on a letterhead documents).

REQUIRED DOCUMENTS - CONTINUED

- Professional Certificate of Good Standing** from the authority authorized to issue this in the state you are licensed.
 - The certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the applicant.
 - **To be sent directly from the medical board of the state in which you are licensed via email to hagai.zilberman@moh.gov.il at the Ministry of Health, or via postal service to the Ministry of Health, Licensing Division, C/O Nechama, 39 Yirmiyahu St. P.O.B 1176, Jerusalem 9101002**
- Documentation of legal name change, if relevant.**

This is required if some of your documentation has one set of first/last name, and the rest has your new name.



בקשה להבחן בבחינה הממשלתית במעבדה רפואית

הנחיות

- יש להקפיד למלא את הטופס כאשר השדות המסומנים בכוכבית אדומה (*) הינם חובה למילוי.
- הרישום לבחינה יהיה בתוקף רק לאחר אישור מנהל האגף לרישוי מקצועות רפואיים במשרד הבריאות, כי הנך רשאי/ת לגשת לבחינה בהתאם לחוק. הודעה על מועד הבחינה, מיקומה ושאר תנאים תשלח אליך במועד מאוחר יותר, וכן תפורסם [באתר האינטרנט של האגף לרישוי מקצועות רפואיים](#).
- את הטופס יש למלא ולשלוח אל מנהל האגף לרישוי מקצועות רפואיים, רחוב ירמיהו 39, ת.ד. 1176 ירושלים 9101002, משרד הבריאות.

פרטי הבקשה

אני החתום/ה מטה:

* שם משפחה:	* שם פרטי:
* תעודת זהות:	* טלפון נייד:
* כתובת:	מיקוד:
* דוא"ל:	

*** המקצוע המבוקש:** המטולוגיה מיקרוביולוגיה קלינית ביוכימיה קלינית גנטיקה אימונולוגיה פרמקולוגיה קלינית וטוקסיקולוגיה פתולוגיה אבחנתית מעבדה רפואית כללית פוריות בנקאות הדם.

* מועד הבחינה:

- ברצוני להבחן במועד הראשון בשנה
 ברצוני להבחן במועד השני בשנה

* שפת הבחינה:

- ברצוני להבחן בשפה העברית ברצוני להבחן בשפה הספרדית
 ברצוני להבחן בשפה הערבית ברצוני להבחן בשפה הצרפתית
 ברצוני להבחן בשפה האנגלית ברצוני להבחן בשפה הרוסית

לתשומת לבכם: בקשה לתרגום הבחינה לשפות הזרות וכן בקשה להתאמות (כגון הארכת זמן) יש להגיש עד 45 יום טרם מועד הבחינה.

* תאריך

* חתימה

לשימוש משרד הבריאות

החתום לעיל _____ רשאי/ת להבחן בבחינה הממשלתית במעבדה רפואית.



REQUIRED DOCUMENTS: NURSING

Here is a list of the documents required in order to open a file with the Nursing Division of the Ministry of Health:

- Application Form for the nursing exam (attached below).
 - Please also open a file at this link, and upload copies of your documents. Please note that you will also have to submit physical, authenticated copies in order for your application to be processed.
 - Original diploma(s) in the original language of all nursing degrees (Associates, BA, MA, PhD.): RN, practical nurse, midwife, Nurse Practitioner.
 - Original advanced certifications: Nurse Practitioner, Nurse Specialist, etc.
 - Original transcripts from all the educational institution, including the subjects studied, results and hours/credit points of theoretical and practical studies.
 - Must include hours/credits per class and final grades.
 - To be authenticated OR sent from the issuing body directly to mila.gilutin1@moh.gov.il
- Please note - The Ministry of Health reserves the right to ask for more details regarding your studies

REQUIRED DOCUMENTS - CONTINUED

- Original nursing license.**
- Official certification of work as a nurse after completion of nursing studies,** including specification of start and completion dates and role at work. (work verification documents). As detailed clinically as possible.
 - Must be submitted on official letterhead and signed with a wet signature
 - To be authenticated OR sent from the issuing body directly to mila.gilutin1@moh.gov.il
 - Photocopy of Israeli identification card (including its attachment) or passport.
 - Photocopy of Teudat Oleh (Immigrant's Certificate)/Returning Resident Certificate (if applicable).
- Documentation of legal name change, if relevant.**
 - This is required if some of your documentation has one set of first/last name, and the rest has your new name.

In addition to presenting verified copies of your documents at MedEx, you'll need to open a file at the [Ministry of Health](#) portal and upload your documents there.



Questionnaire for healthcare professionals

This form is used for submission of an application for a license / recognition certificate for medical professions and for updating the applicant's personal information

1. Personal details

Profession _____

Last name _____ First name _____

Name _____

Last name in Latin letters _____

First name in Latin letters _____

Current citizenship 1. _____ 2. _____

Passport number (if no identity card) _____

2. Additional details

Mobile phone number _____

Email address _____

I am interested in receiving text and email messages from the Ministry of Health

Previous last name _____ Previous first name _____

Previous citizenship 1. _____ 2. _____ Nation _____

Sex: M / F Marital status: Single Married Widow/er Divorced

Date of birth ____/____/____ Country of birth _____

3. Education, licensing and specialty

A. Details of studies in the professional field (make sure to fill in the details exactly, ***please state the name of the institute in Hebrew and in Latin letters***):

Name of the institute	Country and city	During years	Degree	Date of graduation	Profession	Date of diploma

Name of the institute in Latin letters: _____

B. Licensing:

Licensing profession	License No.	License date	Approving authority	Country	License valid to

C. Recognized residency:

Name of residency	Start Date	Graduation date	Date of receipt of certificate	Approving authority	Country

4. Certificates and documents:

Please attach to the questionnaire **copies** of the original certificates authenticated by a licensed notary. If the original certificates are not written in Hebrew or Arabic, have them translated into Hebrew. The correctness and accuracy of the translation must be approved by a qualified translator who has mastery of Hebrew and the original language.

Name _____ Identity No.

List of accessories for concentration of documents

Please check X the documents that are attached to the application:

- 2 passport photographs
- A final diploma from a recognized university or a confirmation from the university of graduation, completion of commitments and eligibility for a diploma in the given profession, to be awarded at a certain time.
- An official confirmation of the start and end date of the studies.
- An evaluation sheet from the study institute.
- Matriculation certificate.
- Overseas work license.
- Official work confirmations from the appropriate medical institutions (in the relevant cases, a work booklet).
- A specialist certificate from overseas (in the relevant cases).
- Undergraduate degree diploma.
- Graduate degree diploma.
- Doctoral degree diploma.
- Marriage certificate / certificate of change of name.
- Other.

Elaborate: _____

If it is not possible to attach any document, attach an explanation letter concerning this.

5. Declaration:

Check X the appropriate place

A. Declaration concerning dangerous diseases:

I declare hereby that I am not suffering and have never suffered from a disease, including a mental disease that may endanger the health of the public under my care, or a disease, including a mental disease or poor fitness, which may prevent my ability to practice _____ completely, temporarily or partially.

___ Correct ___ Incorrect

A1. I declare hereby that I have not left or been dismissed from a workplace, and have not been discharged for military service or not enlisted in the first place, due to a disease or poor fitness that prevented me from being able to work or serve.

___ Correct ___ Incorrect

B. Declaration concerning the license:

I declare thereby that my license has never been cancelled or suspended in Israel or in another country.

___ Correct ___ Incorrect

C. Declaration of offenses:

1. I declare that no disciplinary procedure has been instigated against me in Israel or overseas.

___ Correct ___

Incorrect

2. I declare that no police force overseas has any pending case against me, there is no criminal proceeding being underway against me in a court overseas due to any criminal offense and that there is no offense entry in any overseas criminal record that hasn't expired under statute of limitations.

___ Correct ___

Incorrect

In cases in which I have entered "incorrect", please detail

D. Consent to disclosure of criminal information

I, the undersigned, Identity No. _____, consent hereby to the Israel Police forwarding to the competent party at the Ministry of Health criminal information about me for the purpose prescribed in the Criminal Record and Rehabilitation Law, 5741-1981, to the extent to which it is entitled to receive it by law. I am aware that my consent exempts the police and the recipient of the information from sending a notice to me concerning disclosure of information about me.

E. Declaration of correctness of the details:

I declare hereby that all of the details that I have given are correct, and that I am aware that if they are found to be incorrect, I shall be liable for the penalty prescribed under Israeli law.

Date ____/____/____

Signature _____

REQUIRED DOCUMENTS: OCCUPATIONAL THERAPY

- Application Form to take the examination in occupational therapy (attached below).**
 - For information about submitting this document, please reach out to medpro@nbn.org.il
 - If you're planning to take your licensing exam PRIOR to making Aliyah, please fill out this document. Once you've completed the document, please download a copy, complete it, and send it to medpro@nbn.org.il
- Questionnaire for Health Care Professionals.**
 - **Please note you must provide an ISRAELI address and cell phone# (can be of friends/family)**
- 1 photocopy of an Israeli identity card**
 - Including the address slip and statement of status in Israel (citizen or resident).
 - If you don't have it yet, a copy of your current passport.
- Final diploma (both BA and MA) in occupational therapy.**
 - Alternatively, certification from the university that you have completed your studies and have fulfilled all obligations to the university and are eligible for a degree in this profession, which will be awarded at a certain time.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Valid license**
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il

REQUIRED DOCUMENTS - CONTINUED

- University Transcript**
 - Divided according to semester/year WITH course descriptions and confirmation of start and end date of your studies.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Official certification of having successfully completed internship (1,000 hours) or documents relating to at least one year of overseas work experience as an occupational therapist.**
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Professional Certificate of Good Standing from the authority authorized to issue this in the state where you are licensed.**
 - **The Certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the applicant. To be sent directly from the medical board of the state in which you are licensed via email to hagai.zilberman@moh.gov.il at the Ministry of Health, or via postal service to the Ministry of Health, Licensing Division, C/O Nechama, 39 Yirmiyahu St. P.O.B 1176, Jerusalem 9101002**
- Documentation of legal name change, if relevant.**
 - This is required if some of your documentation has one set of first/last name, and the rest has your new name.



בקשה להבחן בבחינה הממשלתית בריפוי בעיסוק

הנחיות

- יש להקפיד למלא את הטופס כאשר השדות המסומנים בכוכבית אדומה (*) הינם חובה למילוי.
- הרישום לבחינה יהיה בתוקף רק לאחר אישור מנהל האגף לרישוי מקצועות רפואיים במשרד הבריאות, כי הנך רשאי/ת לגשת לבחינה בהתאם לחוק. הודעה על מועד הבחינה, מיקומה ושאר תנאים תשלח אליך במועד מאוחר יותר, וכן תפורסם [באתר האינטרנט של האגף לרישוי מקצועות רפואיים](#).
- את הטופס יש למלא ולשלוח אל מנהל האגף לרישוי מקצועות רפואיים, רחוב ירמיהו 39, ת.ד. 1176 ירושלים 9101002, משרד הבריאות.

פרטי הבקשה

אני החתום/ה מטה:

*שם משפחה:	*שם פרטי:
*תעודת זהות:	*טלפון נייד:
*כתובת:	מיקוד:
*דוא"ל:	

- מבקש/ת להבחן בבחינה הממשלתית למרפאים בעיסוק בהתאם לדרישות התקנות במקצוע זה.
 ברצוני להבחן במועד הראשון בשנה
 ברצוני להבחן במועד השני בשנה
- הבחינה תתקיים בכתב, בשפה העברית, הערבית, האנגלית, הספרדית, הצרפתית והרוסית.
 ברצוני להבחן בשפה העברית ברצוני להבחן בשפה הספרדית
 ברצוני להבחן בשפה הערבית ברצוני להבחן בשפה הצרפתית
 ברצוני להבחן בשפה האנגלית ברצוני להבחן בשפה הרוסית

לתשומת לבכם:

בקשה לתרגום הבחינה לשפות הזרות וכן בקשה להתאמות (כגון הארכת זמן) יש להגיש עד 60 יום טרם מועד הבחינה.

_____ *תאריך

_____ *חתימה

לשימוש משרד הבריאות

לכבוד: ועדת הבחינות למרפאים בעיסוק

החתום/ה לעיל _____ רשאי/ת להבחן בבחינה הממשלתית למרפאים בעיסוק.

בכבוד רב,

האגף לרישוי מקצועות רפואיים

Division of Medical Professions
Ministry of Health

P.O.B 1176 Jerusalem 91010

Tel: *5400, Fax: 02-5655997

call.habriut@moh.health.gov.il



האגף לרישוי מקצועות רפואיים
משרד הבריאות

ת.ד. 1176 ירושלים 91010

טלפון: *5400, פקס: 02-5655997

call.habriut@moh.health.gov.il

REQUIRED DOCUMENTS: OPTOMETRY

- Application Form to take the examination in optometry (attached below).**
 - For information about submitting this document, please reach out to medpro@nbn.org.il
 - If you're planning to take your licensing exam PRIOR to making Aliyah, please fill out this document. Once you've completed the document, please download a copy, complete it, and send it to medpro@nbn.org.il
- Questionnaire for Health Care Professionals.**
 - **Please note you must provide an ISRAELI address and cell phone# (can be of friends/family)**
- 1 photocopy of an Israeli identity card**
 - Including the address slip and statement of status in Israel (citizen or resident).
 - If you don't have it yet, a copy of your current passport.
- Final diploma**
 - Alternatively, a certification from the institution of completion of studies and fulfillment of all obligations to the university and eligibility for an optometry diploma, which will be awarded at a certain time.
- Official certification of the dates you commenced and completed your studies.**
- Valid license.**
- Official proof of work history from the relevant institutions, stating the start and end date of the employment at each of the institutions.**

REQUIRED DOCUMENTS - CONTINUED

- Professional Certificate of Good Standing from the authority authorized to issue this in the state where you are licensed.**
 - The Certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the applicant. **To be sent directly from the medical board of the state in which you are licensed via email to hagai.zilberman@moh.gov.il at the Ministry of Health, or via postal service to the Ministry of Health, Licensing Division, C/O Nechama, 39 Yirmiyahu St. P.O.B 1176, Jerusalem 9101002**

- Documentation of legal name change, if relevant.**
 - This is required if some of your documentation has one set of first/last name, and the rest has your new name.

בקשה להבחן בבחינה הממשלתית באופטומטריה

לכבוד: מנהל האגף לרישוי מקצועות רפואיים
רחוב ירמיהו 39, ת.ד. 1176, ירושלים 9101002
משרד הבריאות

אני החתום/ה מטה:

שם משפחה: _____ שם פרטי: _____ מס' זהות: _____
כתובת: _____ מיקוד: _____ מס' טלפון: _____
תאריך לידה: _____ תאריך עלייה: _____
תאריך דיפלומה: _____ ארץ לימודים: _____

מבקש/ת להבחן בבחינת הרישוי באופטומטריה בהתאם לדרישות החוק והתקנות במקצוע זה.

[] ברצוני להבחן במועד קיץ, שנת - _____
[] ברצוני להבחן במועד חורף, שנת - _____

לתשומת לב העולים החדשים:

הבחינה תתקיים בעברית. אם הנך מעדיף/ה להבחן בשפה אחרת, פרט/י לפי עדיפותך ובמידת האפשר ניענה לבקשתך:

1. _____
2. _____

לתשומת לבכם:

הרישום לבחינה יהיה בתוקף רק לאחר אישור מנהל האגף לרישוי מקצועות רפואיים במשרד הבריאות, כי הינך זכאי/ת לגשת לבחינה בהתאם לחוק. הודעה על מועד הבחינה, מיקומה ושאר תנאיה תשלח אליך במועד מאוחר יותר, וכן תפורסם באתר האינטרנט של האגף לרישוי מקצועות רפואיים, בכתובת:

<http://www.health.gov.il/UnitsOffice/HR/professions/Pages/default.aspx>

חתימה

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REQUIRED DOCUMENTS: PHARMACY

- Application Form to take the examination in pharmacology (attached below).**
 - For information about submitting this document, please reach out to medpro@nbn.org.il
 - If you're planning to take your licensing exam PRIOR to making Aliyah, please fill out this document. Once you've completed the document, please download a copy, complete it, and send it to medpro@nbn.org.il
- Questionnaire for Health Care Professionals.**
 - **Please note you must provide an ISRAELI address and cell phone# (can be of friends/family)**
- 1 photocopy of an Israeli identity card**
 - Including the address slip and statement of status in Israel (citizen or resident).
 - If you don't have it yet, a copy of your current passport.
- Final degree (BA and MA) from a recognized university**
 - Or a certification from the university that you have completed your studies and have fulfilled all requirements to be eligible for a degree in pharmacology, which will be awarded at a certain time.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Declaration that your studies were frontal and not by correspondence (distance learning).**
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il

REQUIRED DOCUMENTS - CONTINUED

- University Transcript**, divided according to semester/year **WITH course descriptions** and **confirmation of start and end date of your studies**.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
Official **confirmation of successful completion of internship (960 hours)** and specification of the dates of commencement and completion of the internship and the total number of hours of internship, or official certification of at least one year of work as a licensed pharmacist and specification of the date of commencement and date of completion of work in each institution (in relevant cases - an employment record book).
- Valid license**.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Professional **Certificate of Good Standing from the authority authorized to issue this in the state where you are licensed**.
 - The certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the applicant. **To be sent directly from the medical board of the state in which you are licensed via email to hagai.zilberman@moh.gov.il at the Ministry of Health, or via postal service to the Ministry of Health, Licensing Division, C/O Nechama, 39 Yirmiyahu St. P.O.B 1176, Jerusalem 9101002**
 - Documentation of legal name change, if relevant
 - This is required if some of your documentation has one set of first/last name, and the rest has your new name.
- Documents to qualify for the pharmaceutical law exam**
 - Proof of work history for either 2 out of the last 3 years, or at least 3 of the last 4 years of your career.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il

בקשה להבחן בבחינה הממשלתית ברוקחות

הנחיות

- יש להקפיד למלא את הטופס כאשר השדות המסומנים בכוכבית אדומה (*) הינם חובה למילוי.
- הרישום לבחינה יהיה בתוקף רק לאחר אישור מנהל האגף לרישוי מקצועות רפואיים במשרד הבריאות, כי הנך רשאי/ת לגשת לבחינה בהתאם לחוק. הודעה על מועד הבחינה, מיקומה ושאר תנאים תשלח אליך במועד מאוחר יותר, וכן תפורסם [באתר האינטרנט של האגף לרישוי מקצועות רפואיים](#).
- את הטופס יש למלא ולשלוח אל מנהל האגף לרישוי מקצועות רפואיים, רחוב ירמיהו 39, ת.ד. 1176 ירושלים 9101002, משרד הבריאות.

פרטי הבקשה

אני החתום/ה מטה:

*שם משפחה:	*שם פרטי:
*תעודת זהות:	*טלפון נייד:
*כתובת:	מיקוד:
*כתובת דוא"ל:	

1. מבקש/ת להבחן בבחינה הממשלתית ב רוקחות ב דיני רוקחות, בהתאם לדרישות התקנות במקצוע זה.

- ברצוני להבחן במועד הראשון בשנה
 ברצוני להבחן במועד השני בשנה

2. הבחינה תתקיים בכתב, בשפה העברית, הערבית, האנגלית, הספרדית, הצרפתית והרוסית.
 ברצוני להבחן בשפה העברית ברצוני להבחן בשפה הספרדית
 ברצוני להבחן בשפה הערבית ברצוני להבחן בשפה הצרפתית
 ברצוני להבחן בשפה האנגלית ברצוני להבחן בשפה הרוסית

לתשומת לבכם:

בקשה לתרגום הבחינה לשפות הזרות וכן בקשה להתאמות (כגון הארכת זמן) יש להגיש עד 60 יום טרם מועד הבחינה.

*תאריך

*חתימה

לשימוש משרד הבריאות

לכבוד: ועדת הבחינות ברוקחות

החתום/ה לעיל _____ רשאי/ת להבחן בבחינה הממשלתית ברוקחות.

עמוד 1 מתוך 2

Division of Medical Professions
Ministry of Health

P.O.B 1176 Jerusalem 91010

Tel: *5400, Fax: 02-5655997

call.habriut@moh.health.gov.il



האגף לרישוי מקצועות רפואיים
משרד הבריאות

ת.ד. 1176 ירושלים 91010

טלפון: *5400, פקס: 02-5655997

call.habriut@moh.health.gov.il

REQUIRED DOCUMENTS: PHYSICIAN ASSISTANT

- Medical Licensing Questionnaire.**
 - Once you've completed the form, it will automatically download onto your computer. If you're physically submitting your documents, please print the form out. If you're submitting your documents electronically, please save the file and make sure to include it in your online document submission.
 - Make sure to have your legal name written in English AND in its Hebrew transliteration (DO NOT use your Hebrew name).
 - **You must provide an ISRAELI address and cell phone number (can be a phone number of friends/family).**
- If you're already an Israeli citizen and have an Israeli national ID card , please attach a photocopy of the card, as well as a photocopy of the card's paper addendum.**
 - If you're an Israeli citizen and DO NOT have an Israeli national ID card, please include a photocopy of your Israeli passport.
 - If you are applying pre-Aliyah, please submit a photocopy of your foreign passport.
- Original copy of your BA and MA, or official confirmation of eligibility for your diploma provided you haven't yet received a copy of the diploma.**
 - This document needs authentication, or can be sent directly from the issuing body to hagai.zilberman@moh.gov.il
- A valid medical license.**
 - This document needs authentication, or can be sent directly from the issuing body to hagai.zilberman@moh.gov.il
- Specialist's certificate from abroad (if applicable).**

REQUIRED DOCUMENTS - CONTINUED

- Professional letter of good standing from the board of the state in which you are licensed.** The letter must be sent directly from the Board of Medicine to the Ministry of Health. If the letter can be sent electronically, please have it sent to hagai.zilberman@moh.gov.il. For further clarification regarding this requirement, please be in touch with us at medpro@nbn.org.il.
 - Please note that this document has limited validity.
- Official documentation indicating legal change of name, if relevant.**
- Official documentation proving that you've completed 1500 required hours of training**
 - This document needs authentication, or can be sent directly from the issuing body to hagai.zilberman@moh.gov.il
- Official documentation of NCCPA board certification**
 - This document needs authentication, or can be sent directly from the issuing body to hagai.zilberman@moh.gov.il
- Official documentation detailing your employment history, specifically noting that you've been gainfully employed for at least 2 out of the last 5 years**
 - Please note that this is only a required document if you are not currently registered with the NCCPA.
 - This document needs authentication, or can be sent directly from the issuing body on a letterhead to hagai.zilberman@moh.gov.il

REQUIRED DOCUMENTS: PHYSIOTHERAPY

- Application Form to take the examination in physiotherapy (attached below).**
 - For information about submitting this document, please reach out to medpro@nbn.org.il
 - If you're planning to take your licensing exam PRIOR to making Aliyah, please fill out this document. Once you've completed the document, please download a copy, complete it, and send it to medpro@nbn.org.il
- Questionnaire for Health Care Professionals.**
 - **Please note you must provide an ISRAELI address and cell phone# (can be of friends/family)**
- 1 photocopy of an Israeli identity card**
 - Including the address slip and statement of status in Israel (citizen or resident).
 - If you don't have it yet, a copy of your current passport.
- Physiotherapy degree (BA and MA)**
 - or a certification indicating your completion of studies and fulfillment of all requirements for eligibility for a degree in physiotherapy, which will be awarded at a certain time.
- Valid license**
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- University Transcript**
 - divided according to semester/year WITH course descriptions and confirmation of start and end date of your studies.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il

REQUIRED DOCUMENTS - CONTINUED

- Declaration that your studies were frontal and not by correspondence** (distance learning).
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Official certification of having successfully completed an internship (960 hours) or documents relating to at least one year of overseas work experience as a physiotherapist.**
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Professional Certificate of Good Standing from the authority authorized to issue this in the state where you are licensed.**
 - The Certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the applicant **To be sent directly from the medical board of the state in which you are licensed via email to hagai.zilberman@moh.gov.il at the Ministry of Health, or via postal service to the Ministry of Health, Licensing Division, C/O Nechama, 39 Yirmiyahu St. P.O.B 1176, Jerusalem 9101002**
- Documentation of legal name change, if relevant.**
 - This is required if some of your documentation has one set of first/last name, and the rest has your new name.

בקשה להבחן בבחינה הממשלתית בפיזיותרפיה

הנחיות

- יש להקפיד למלא את הטופס כאשר השדות המסומנים בכוכבית אדומה (*) הינם חובה למילוי.
- הרישום לבחינה יהיה בתוקף רק לאחר אישור מנהל האגף לרישוי מקצועות רפואיים במשרד הבריאות, כי הנך רשאי/ת לגשת לבחינה בהתאם לחוק. הודעה על מועד הבחינה, מיקומה ושאר תנאים תשלח אליך במועד מאוחר יותר, וכן תפורסם [באתר האינטרנט של האגף לרישוי מקצועות רפואיים](#).
- את הטופס יש למלא ולשלוח אל מנהל האגף לרישוי מקצועות רפואיים, רחוב ירמיהו 39, ת.ד. 1176 ירושלים 9101002, משרד הבריאות.

פרטי הבקשה

אני החתום/ה מטה:

*שם משפחה:	*שם פרטי:
*תעודת זהות:	טלפון נייד:
*כתובת:	מיקוד:
*דוא"ל:	

- מבקש/ת להבחן בבחינה הממשלתית לפיזיותרפיסטים בהתאם לדרישות התקנות במקצוע זה.
 ברצוני להבחן במועד הראשון בשנה
 ברצוני להבחן במועד השני בשנה
- הבחינה תתקיים בכתב, בשפה העברית, הערבית, האנגלית, הספרדית, הצרפתית והרוסית.
 ברצוני להבחן בשפה העברית ברצוני להבחן בשפה הספרדית
 ברצוני להבחן בשפה הערבית ברצוני להבחן בשפה הצרפתית
 ברצוני להבחן בשפה האנגלית ברצוני להבחן בשפה הרוסית

לתשומת לבכם:

בקשה לתרגום הבחינה לשפות הזרות וכן בקשה להתאמות (כגון הארכת זמן) יש להגיש עד 60 יום טרם מועד הבחינה.

*תאריך

*חתימה

לשימוש משרד הבריאות

לכבוד: ועדת הבחינות בפיזיותרפיה

החתום/ה לעיל _____ רשאי/ת להבחן בבחינה הממשלתית בפיזיותרפיה.

בכבוד רב,

האגף לרישוי מקצועות רפואיים

**Division of Medical Professions
Ministry of Health**

P.O.B 1176 Jerusalem 91010

Tel: *5400, Fax: 02-5655997

call.habriut@moh.health.gov.il



**האגף לרישוי מקצועות רפואיים
משרד הבריאות**

ת.ד. 1176 ירושלים 91010

טלפון: *5400, פקס: 02-5655997

call.habriut@moh.health.gov.il

REQUIRED DOCUMENTS: PODIATRY

- Application form for conducting supervised podiatric / surgical podiatric work (attached below)**
 - For information about submitting this document, please reach out to medpro@nbn.org.il
- Application Form to take the examination in podiatry (attached below).**
 - For information about submitting this document, please reach out to medpro@nbn.org.il
 - If you're planning to take your licensing exam PRIOR to making Aliyah, please fill out this document. Once you've completed the document, please download a copy, complete it, and send it to medpro@nbn.org.il
- Questionnaire for Health Care Professionals.**
 - Please note you must provide an ISRAELI address and cell phone# (can be of friends/family)
- 1 photocopy of an Israeli identity card**
 - Including the address slip and statement of status in Israel (citizen or resident).
 - If you don't have it yet, a copy of your current passport.
- A final Certificate/Diploma of podiatry / surgical podiatry (BA and MA).**
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- University Transcript, divided according to semester/year WITH course descriptions and confirmation of start and end date of your studies.**
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il

REQUIRED DOCUMENTS - CONTINUED

- An original status recognition certification – to those previously holding a status recognition certification by the Ministry of health**
A confirmation of occupation abroad in the profession for a duration of at least two years in all operations under license.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Those applying for a **surgical podiatry certificate of profession** must also fill out a confirmation of practical training of two years, in the country in which they have completed the studies of that profession.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Professional Certificate of Good Standing from the authority authorized to issue this in the state where you are licensed.**
 - The Certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the applicant **To be sent directly from the medical board of the state in which you are licensed via email to hagai.zilberman@moh.gov.il at the Ministry of Health, or via postal service to the Ministry of Health, Licensing Division, C/O Nechama, 39 Yirmiyahu St. P.O.B 1176, Jerusalem 9101002**
- Documentation of legal name change, if relevant.**
 - This is required if some of your documentation has one set of first/last name, and the rest has your new name.

בקשה להבחן בבחינה הממשלתית בפודיאטריה/פודיאטריה ניתוחית

הנחיות

- יש להקפיד למלא את הטופס כאשר השדות המסומנים בכוכבית אדומה (*) הינם חובה למילוי.
- הרישום לבחינה יהיה בתוקף רק לאחר אישור מנהל האגף לרישוי מקצועות רפואיים במשרד הבריאות, כי הנך רשאי/ת לגשת לבחינה בהתאם לחוק. הודעה על מועד הבחינה, מיקומה ושאר תנאים תשלח אליך במועד מאוחר יותר, וכן תפורסם [באתר האינטרנט של האגף לרישוי מקצועות רפואיים](#).
- את הטופס יש למלא ולשלוח אל מנהל האגף לרישוי מקצועות רפואיים, רחוב ירמיהו 39, ת.ד. 1176 ירושלים 9101002, משרד הבריאות.

פרטי הבקשה

אני החתום/ה מטה:

*שם משפחה:	*שם פרטי:
*תעודת זהות:	*טלפון נייד:
*כתובת:	מיקוד:
*דוא"ל:	

1. מבקש/ת להבחן בבחינה הממשלתית בפודיאטריה/פודיאטריה ניתוחית בהתאם לדרישות התקנות במקצוע זה.

- ברצוני להבחן במועד הראשון בשנה
 ברצוני להבחן במועד השני בשנה

2. הבחינה תתקיים בכתב, בשפה העברית, הערבית או האנגלית.

- ברצוני להבחן בשפה העברית
 ברצוני להבחן בשפה הערבית
 ברצוני להבחן בשפה האנגלית

לתשומת לבכם:

בקשה לתרגום הבחינה לשפות הזרות וכן בקשה להתאמות (כגון הארכת זמן) יש להגיש עד 60 יום טרם מועד הבחינה.

*תאריך

*חתימה

לשימוש משרד הבריאות

החתום לעיל _____ רשאי/ת להבחן בבחינה הממשלתית בטיפול בהפרעות תקשורת.

בכבוד רב,
האגף לרישוי מקצועות רפואיים



REQUIRED DOCUMENTS: PSYCHOLOGY

- Questionnaire for Health Care Professionals.**
 - Please note you must provide an ISRAELI address and cell phone# (can be of friends/family).
- 1 photocopy of an Israeli identity card**
 - Including the address slip and statement of status in Israel (citizen or resident).
 - If you don't have it yet, a copy of your current passport.
- Original bachelor's degree grade sheet - transcript**
 - The transcript must include the details of the credits or the number of academic hours in each of the courses
 - This document needs to be authenticated, or can be sent directly to psy.rishum@moh.gov.il by the issuing body.
- Original bachelor's degree diploma**
 - This document needs to be authenticated, or can be sent directly to psy.rishum@moh.gov.il by the issuing body.
- Original master's degree grade sheet- transcript**
 - The transcript must include the details of the credits or the number of academic hours in each of the courses
 - This document needs to be authenticated, or can be sent directly to psy.rishum@moh.gov.il by the issuing body.
- Original of the master's degree diploma**
 - This document needs to be authenticated, or can be sent directly to psy.rishum@moh.gov.il by the issuing body.
- If the grade sheets (of each the degrees studied) do not include a breakdown of the study hours in the courses, an official original document indicating the study hours is required.**

REQUIRED DOCUMENTS - CONTINUED

- University's APA or CPA accreditation
 - If your degree program (BA and/or MA) is from a school with APA or CPA accreditation, please submit a copy of that certificate.
- Syllabi of courses
 - Specifically including courses of psychology, research methods and statistics.
 - The application for licensure can be submitted without the syllabi,, but during the eligibility review, graduates may be required to submit all or some of them, in the first stage (registration stage in the psychologists' register) or in the second stage (for recognition of professional status by a professional committee in the relevant field of expertise).
- Recognition of Degrees -The recognition of academic degrees studied abroad will be determined by the Psychology Registration Committee at the Ministry of Health. If necessary, documents or certificates from additional parties will be requested.
- Professional Certificate of Good Standing from the authority authorized to issue this in the state where you are licensed.
 - The Certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the applicant To be sent directly from the medical board of the state in which you are licensed via email to psy.rishum@moh.gov.il at **the Ministry of Health, or via postal service to the Ministry of Health, Licensing Division, C/O Avigal, 39 Yirmiyahu St. P.O.B 1176, Jerusalem 9101002**
 - Please note that this document can only be sent directly to psy.rishum@moh.gov.il from the issuing body, if the rest of the application has already been submitted.
- Professional CV
 - Detailed from graduation to application
 - It may be required later to hand appropriate certificates about the occupations listed in the CV



REQUIRED DOCUMENTS - CONTINUED

- Documentation of legal name change, if relevant.
 - This is required if some of your documentation has one set of first/last name, and the rest has your new name.

For holders of a PsyD/PhD degree:

- Original PsyD/PhD grade sheet –transcript
 - The transcript must include the details of the credits or the number of academic hours in each of the courses (see note about Syllabi above)
 - Must be notarized by an Israeli notary
- Confirmation from the university that the doctorate was written within the framework of the School of Psychology.*
 - This is only relevant if this is not already noted on the transcripts
- Original PhD diploma
 - Must be notarized by an Israeli notary.
- Syllabuses of the courses
 - especially courses in the field of psychology, research methods and statistics
- Certificate of equivalence for each of the relevant degrees studied abroad (starting from bachelor's degree).
 - The certificate must be obtained from the Department for the Evaluation of Academic Degrees from Abroad in the Ministry of Education of Israel.

Please note

- You may only submit a request for a Certificate of Equivalence once you have obtained Aliyah approval from the Jewish Agency or Israeli citizenship and have an Israeli identification number.
- Any documents that are originally in English do not need to be translated.

REQUIRED DOCUMENT: SPEECH THERAPY AND AUDIOLOGY

- Application form for the speech therapy exam (attached below).**
 - For information about submitting this document, please reach out to medpro@nbn.org.il
 - If you're planning to take your licensing exam PRIOR to making Aliyah, please fill out this document. Once you've completed the document, please download a copy, complete it, and send it to medpro@nbn.org.il
- Questionnaire for Health Care Professionals.**
 - **Please note you must provide an ISRAELI address and cell phone# (can be of friends/family).**

1 photocopy of an **Israeli identity card**

 - including the address slip and statement of status in Israel (citizen or resident).
 - If you don't have it yet, a copy of your current passport.
- Valid license to practice.**
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Final degree (BA and MA) in speech therapy communication, or a certification from the university of completion of studies and fulfillment of all obligations to the university for eligibility for a degree in this profession, which will be awarded at a certain time.**
 - Please note that The Ministry of Health does not recognize studies in the medical professions studied entirely or partially by correspondence (distance learning).
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- University Transcript, divided according to semester/year WITH course descriptions and confirmation of start and end date of your studies.**
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Declaration that your studies were frontal** and not by correspondence (distance learning). To be authenticated OR sent from the issuing body directly to

REQUIRED DOCUMENTS - CONTINUED

hagai.zilberman@moh.gov.il

- An official certification of having successfully completed internship**
 - **If you are applying for language, speech, and audiology licenses**
 - § Certification of 1,000 hours of internship work OR documents relating to at least one year of overseas work experience. To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
 - **If you are applying for a language and speech license**
 - § Certification of 750 hours of internship work OR documents relating to at least one year of overseas work experience. To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
 - If you are applying for audiology license
 - § Certification of 750 hours of internship work OR documents relating to at least one year of overseas work experience. To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Professional Certificate of Good Standing from the authority authorized to issue this in the state where you are licensed.**
 - The Certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the applicant.
 - **To be sent directly from the medical board of the state in which you are licensed via email to hagai.zilberman@moh.gov.il at the Ministry of Health, or via postal service to the Ministry of Health, Licensing Division, C/O Nechama, 39 Yirmiyahu St. P.O.B 1176, Jerusalem 9101002**
- Proof of language proficiency (if you take the exam in English)**
 - Certification of a YAEL test grade of at least 110
 - Completion of Ulpan Level 3 through the Ministry of Education
 - Completion of the Ministry of Interior Mechina for Allied Medical Professionals, including certification that you passed the final exam
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Documentation of legal name change, if relevant.**
 - This is required if some of your documentation has one set of first/last name, and the rest has your new name.

בקשה להבחן בבחינה הממשלתית בטיפול בהפרעות תקשורת

הנחיות

- יש להקפיד למלא את הטופס כאשר השדות המסומנים בכוכבית אדומה (*) הינם חובה למילוי.
- הרישום לבחינה יהיה בתוקף רק לאחר אישור מנהל האגף לרישוי מקצועות רפואיים במשרד הבריאות, כי הנך רשאי/ת לגשת לבחינה בהתאם לחוק. הודעה על מועד הבחינה, מיקומה ושאר תנאים תשלח אליך במועד מאוחר יותר, וכן תפורסם [באתר האינטרנט של האגף לרישוי מקצועות רפואיים](#).
- את הטופס יש למלא ולשלוח אל מנהל האגף לרישוי מקצועות רפואיים, רחוב ירמיהו 39, ת.ד. 1176 ירושלים 9101002, משרד הבריאות.

פרטי הבקשה

אני החתום/ה מטה:

*שם משפחה:	*שם פרטי:
*תעודת זהות:	*טלפון נייד:
*כתובת:	מיקוד:
*דוא"ל:	

1. מבקש/ת להבחן בבחינה הממשלתית בטיפול בהפרעות תקשורת בהתאם לדרישות התקנות במקצוע זה.

- ברצוני להבחן במועד הראשון בשנה
 ברצוני להבחן במועד השני בשנה

2. הבחינה תתקיים בכתב, בשפה העברית, הערבית, האנגלית, הספרדית, הצרפתית והרוסית.
 ברצוני להבחן בשפה העברית ברצוני להבחן בשפה הספרדית
 ברצוני להבחן בשפה הערבית ברצוני להבחן בשפה הצרפתית
 ברצוני להבחן בשפה האנגלית ברצוני להבחן בשפה הרוסית

לתשומת לבכם:

בקשה לתרגום הבחינה לשפות הזרות וכן בקשה להתאמות (כגון הארכת זמן) יש להגיש עד 60 יום טרם מועד הבחינה.

*תאריך

*חתימה

לשימוש משרד הבריאות

לכבוד: ועדת הבחינות לקלינאי תקשורת

החתום לעיל _____ רשאי/ת להבחן בבחינה הממשלתית בטיפול בהפרעות תקשורת.

בכבוד רב,

האגף לרישוי מקצועות רפואיים

Division of Medical Professions
Ministry of Health

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האגף לרישוי מקצועות רפואיים
משרד הבריאות

ת.ד. 1176 ירושלים 91010

טלפון: *5400, פקס: 02-5655997

call.habriut@moh.health.gov.il

REQUIRED DOCUMENTS: X-RAY/ULTRASOUND TECHNICIANS

- Note:** *This licensing process is still in development, and the Ministry of Health is still finalizing its process, including an exam as well as document submission. This is the tentative list of required documents that we received from the Ministry of Health, it is subject to change as things get finalized.*
- Questionnaire for Health Care Professionals.**
 - Please note you must provide an **ISRAELI** address and cell phone# (can be of friends/family).
- 1 photocopy of an Israeli identity card**
 - Including the address slip and statement of status in Israel (citizen or resident).
 - If you don't have it yet, a copy of your current passport.
- Radiology/Ultrasound Technologist Diploma (BA and MA)**, or a certification indicating your completion of studies and fulfillment of all requirements for eligibility for a degree in radiology or ultrasound technology, which will be awarded at a certain time.
- Valid license**
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- University Transcript**, divided according to semester/year **WITH course descriptions** and **confirmation of start and end date** of your studies.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il

REQUIRED DOCUMENTS - CONTINUED

- Declaration that your studies were frontal** and not by correspondence (distance learning).
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Official certification of having successfully completed training** (1290 hours) or documents relating to at least one year of overseas work experience.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
 - Professional Certificate of Good Standing from the authority authorized to issue this in the state where you are licensed.
 - The Certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the applicant
 - **To be sent directly from the medical board of the state in which you are licensed via email to hagai.zilberman@moh.gov.il at the Ministry of Health, or via postal service to the Ministry of Health, Licensing Division, C/O Nechama, 39 Yirmiyahu St. P.O.B 1176, Jerusalem 9101002**
- Documentation of legal name change, if relevant.**
 - This is required if some of your documentation has one set of first/last name, and the rest has your new name.