

Application form for the occupational language examination in German for pharmacists (Fachsprachenprüfung)

Please fill out and send by e-mail to:

**Landesapothekerkammer
Baden-Württemberg**

Isa Güthler

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Application for the C1 occupational language examination in German for pharmacists

I hereby register for the occupational language examination in German on _____ in **Stuttgart**.

The fee for the occupational language examination is 250 €.

Surname First name

Gender Nationality

Private address/street Postcode/town or city

Date of birth Place of birth

E-mail address Telephone number

Pharmacy studies in which country B2 language certificate acquired on (date)

Tick the appropriate box:

- The B2 language certificate is enclosed with the application.
- Admission to the C1 occupational language examination in German by the Regierungspräsidium Stuttgart took place on _____
- The application for the licence (Approbation) was submitted in another federal state. Which state?

- The application for a licence (Approbation) or permit to practice the pharmacist profession as a pharmacist (Berufserlaubnis) has already been submitted to the Regierungspräsidium Stuttgart. When? _____

Place, date, signature