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# Registration with the State Medical Association

Heruntergeladen am 06.07.2025

<https://fimportal.de/xzufi-services/102128993/L100041>

| Modul                     | Sachverhalt                                                  |
|---------------------------|--------------------------------------------------------------|
| Leistungsschlüssel        | 99018099000000, 99018099000000                               |
| Leistungsbezeichnung I    | Registration with the State Medical Association              |
| Leistungsbezeichnung II   |                                                              |
| Typisierung               | 4 - Land: Regelung                                           |
| Quellredaktion            | Brandenburg                                                  |
| Freigabestatus Katalog    | unbestimmter Freigabestatus                                  |
| Freigabestatus Bibliothek | unbestimmter Freigabestatus                                  |
| Begriffe im Kontext       |                                                              |
| Leistungstyp              | Leistungsobjekt                                              |
| Leistungsgruppierung      | Berufsberechtigung (018)                                     |
| Verrichtungskennung       |                                                              |
| SDG-Informationsbereich   |                                                              |
| Lagen Portalverbund       | Anmeldepflichten (2010100), Eintragung in Register (2020100) |
| Einheitlicher             |                                                              |

| Modul                      | Sachverhalt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ansprechpartner            | Nein                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Fachlich freigegeben am    | 16.01.2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Fachlich freigegeben durch | Ministry of Social Affairs, Health, Integration and Consumer Protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Handlungsgrundlage         | <a href="https://bravors.brandenburg.de/gesetze/heilberg#5">https://bravors.brandenburg.de/gesetze/heilberg#5</a><br><a href="https://bravors.brandenburg.de/gesetze/heilberg#5">https://bravors.brandenburg.de/gesetze/heilberg#5</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Teaser                     | As a doctor in Brandenburg, you register with the Brandenburg State Medical Association. You will then receive chamber membership.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Volltext                   | <p>As a doctor in Brandenburg, you must register with the Brandenburg State Medical Association. Membership is mandatory.</p> <p>The main tasks of the Chamber include:</p> <ul style="list-style-type: none"> <li>• to represent the professional interests of the members of the Chamber,</li> <li>• to regulate their continuing vocational training,</li> <li>• promote continuing vocational training, and</li> <li>• to supervise the fulfilment of professional obligations.</li> </ul> <p>Hint: If you move your professional activity abroad, you can remain a voluntary member. This also applies in the event that you only move your residence abroad without being professionally active.</p> <p>As a doctor who is allowed to treat patients with statutory health insurance ("statutory health insurance patients") on an outpatient basis, you are also automatically a member of the Association of Statutory Health Insurance Physicians.</p> |
| Erforderliche Unterlagen   | <ul style="list-style-type: none"> <li>• Approbation/professional permit</li> <li>• Certificates of academic degrees and titles (especially doctoral certificate(s), habilitation) and/or certificates of authorisation to use academic degrees and titles</li> <li>• Certificate of specialist recognition</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Voraussetzungen            | <ul style="list-style-type: none"> <li>• Licence to practise medicine or</li> <li>• Permission to practice medicine and</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

| Modul                        | Sachverhalt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                              | <ul style="list-style-type: none"> <li>• Exercise of the profession in Brandenburg or, if you do not practice your profession, residence in Brandenburg</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                   |
| Kosten                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Verfahrensablauf             | <p>If you are a doctor in Brandenburg, register yourself with the State Medical Association:</p> <ul style="list-style-type: none"> <li>• Complete the registration form online.</li> <li>• A corresponding cover letter is generated after completion.</li> <li>• Print and sign the registration form.</li> <li>• Add the necessary evidence.</li> <li>• Submit the documents by post to the Brandenburg State Medical Association.</li> <li>• The State Medical Association enters you as a new member in the list of members.</li> </ul>         |
| Bearbeitungsdauer            | depending on the individual case; at least 2 weeks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Frist                        | Registration deadline: within 1 month after meeting the requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| weiterführende Informationen | <a href="https://www.laekb.de/">https://www.laekb.de/</a><br><a href="https://www.laekb.de/www/website/PublicNavigation/arzt/mitgliedschaft/download_mitgliedschaft/">https://www.laekb.de/www/website/PublicNavigation/arzt/mitgliedschaft/download_mitgliedschaft/</a><br><a href="https://www.laekb.de/">https://www.laekb.de/</a><br><a href="https://www.laekb.de/www/website/PublicNavigation/arzt/mitgliedschaft/download_mitgliedschaft/">https://www.laekb.de/www/website/PublicNavigation/arzt/mitgliedschaft/download_mitgliedschaft/</a> |
| Hinweise                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Rechtsbehelf                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Kurztext                     | <ul style="list-style-type: none"> <li>• Registration with the Brandenburg State Medical Association</li> <li>• Target group: Doctors in the state of Brandenburg (if they work and reside in the state of Brandenburg)</li> <li>• written registration required</li> <li>• Responsible: Landesärztekammer Brandenburg</li> </ul>                                                                                                                                                                                                                    |
| Ansprechpunkt                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Zuständige Stelle            | <p>State Medical Association Brandenburg</p> <p>Cottbus Office, Reporting</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

| Modul           | Sachverhalt                                                                                                                                                                                                                                                                                                   |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Formulare       | <p>Online procedure possible: yes</p> <p>Written form required: yes</p> <p>Personal appearance required: no<br/> <a href="https://meldebogen.laekh.de/?code=130">https://meldebogen.laekh.de/?code=130</a><br/> <a href="https://meldebogen.laekh.de/?code=130">https://meldebogen.laekh.de/?code=130</a></p> |
| Ursprungsportal | Anmeldung bei der Landesärztekammer, Registration with the State Medical Association                                                                                                                                                                                                                          |