

99018008005002

Permission to practice medicine in the field of physiotherapy

Heruntergeladen am 21.05.2025

<https://fimportal.de/xzufi-services/S1000020010000012902/S100002>

Modul	Sachverhalt
Leistungsschlüssel	99018008005002
Leistungsbezeichnung I	Permission to practice medicine in the field of physiotherapy
Leistungsbezeichnung II	Apply for permission to practice medicine in the field of physiotherapy
Typisierung	2/3
Quellredaktion	Hamburg
Freigabestatus Katalog	unbestimmter Freigabestatus
Freigabestatus Bibliothek	unbestimmter Freigabestatus
Begriffe im Kontext	<div lang="en-x-mtfrom-de">physical therapy</div> , <div lang="en-x-mtfrom-de">Naturopath</div> , <div lang="en-x-mtfrom-de">Alternative practitioner</div> , <div lang="en-x-mtfrom-de">Medicine</div>
Leistungstyp	
Leistungsgruppierung	
Verrichtungskennung	

Modul	Sachverhalt
SDG-Informationsbereich	
Lagen Portalverbund	
Einheitlicher Ansprechpartner	Nein
Fachlich freigegeben am	17.01.2024
Fachlich freigegeben durch	
Handlungsgrundlage	<p>§ 1 Alternative Medicine Practitioners Act (HeilprG) <https://www.gesetze-im-internet.de/heilprg/HeilprG.pdf> Section 1 Paragraph 1 No. 2 Masseur and Physiotherapist Act <https://www.gesetze-im-internet.de/mphg/_1.html></p>
Teaser	If you want to practice medicine in the field of physiotherapy, you must apply for a permit.
Volltext	<p>The granting of permission to practice medicine, limited to the field of physiotherapy, is reserved exclusively for persons who are in possession of a permit to use the professional title of physiotherapist in accordance with the Masseur and Physiotherapist Law.</p> <p>In Hamburg, the decision on whether to grant a license to practice medicine professionally in the field of physiotherapy is only made after an oral and practical examination. It is not possible to grant a license based on the documents in question in Hamburg.</p>
Erforderliche Unterlagen	<ul style="list-style-type: none"> • Application for permission to practice medicine in the field of physiotherapy, • ID card or passport, • in case of name changes, a birth certificate/name change certificate, • a CV in tabular form, • if applicable, a registration certificate (if the identification document is not an identity card) or proof of employment or rental contract, • a statement from the Federal Central Register (document type 0), • if applicable, a declaration made by you as to whether criminal proceedings or a public prosecutor's investigation are pending against you (self-disclosure),

Modul	Sachverhalt
	<ul style="list-style-type: none"> • proof of permission to use the professional title of physiotherapist, • a certificate from a practicing physician (you can obtain the form from us). <p>In Hamburg, no verification of the files is possible</p>
Voraussetzungen	<p>You need to</p> <ul style="list-style-type: none"> • Be at least 25 years old, • Responsibility of the social welfare office (residence in Hamburg or a workplace for which the alternative practitioner license is required must be proven. Proof is provided by an employment contract for a binding employment relationship with a regulated working time of at least 19 hours per week. Alternatively, a binding rental agreement for commercial premises that are suitable for an alternative practitioner practice can be accepted. The regulated rental scope must be at least 19 hours per week. If it is a sublease, the consent of the owner must be presented. Assistance and internship contracts as well as rental agreements for residential space are not recognized. • be in possession of a licence to use the professional title of physiotherapist • Be able to prove physical and mental suitability to practice medicine in the field of physiotherapy by means of a medical certificate, • Be able to prove the reliability required for the practice of medicine in the field of physiotherapy by means of an official certificate of good conduct
Kosten	Depends on the respective administrative fee regulations of the state or on the fee regulations of the bodies responsible under state law.
Verfahrensablauf	<ul style="list-style-type: none"> • You submit the application to practice medicine, including all required documents, to the responsible authority. The application is submitted digitally. • The competent authority will check whether all requirements are met and will inform you of the oral and practical examination date. • If the verification is successful, you will be granted permission.

Modul	Sachverhalt
Bearbeitungsdauer	Once you have applied for permission to practice, the competent authority will make a decision on this in a timely manner.
Frist	
weiterführende Informationen	
Hinweise	
Rechtsbehelf	Objection (depending on national law, objection may be excluded), administrative court action
Kurztext	<ul style="list-style-type: none"> • Permission to practice medicine in the field of physiotherapy <ul style="list-style-type: none"> • The granting of permission to practice medicine in the field of physiotherapy is reserved exclusively for persons who are in possession of a permit to use the professional title of physiotherapist. • Responsible in Hamburg: Social Services Authority, State Examination Office for Medical Professions
Ansprechpunkt	
Zuständige Stelle	Authority for Labor, Health, Social Affairs, Family and Integration
Formulare	
Ursprungsportal	Behördenfinder Hamburg, Authority finder Hamburg (Currently this link is only available in german)