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# REGISTRATION OF MEDICAL PRACTITIONERS IN NORWAY

A guide to  
Norwegian registration of medical practitioners trained abroad,  
Issued jointly by  
Norwegian Board of Health  
Faculty of Medicine, University of Oslo  
Norwegian Medical Association

Oslo, June 1994  
Revised edition January 2000

**IK-2573**

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## FOREWORD

Medical practitioners who have received their training outside of Norway, must satisfy a number of specific requirements before they can be officially authorized to practise in Norway. These requirements vary, for example, according to the nationality of the medical practitioner and the country where training was received.

Several bodies participate in different ways in these registration procedures. The universities evaluate the academic content of the training courses in comparison with Norwegian courses. The public health authorities are responsible for official registration of medical practitioners. The Norwegian Medical Association has been delegated the authority to grant authorization for specialist practice.

The system is large and complex, and can often be confusing. A certain amount of information has been available from each of the bodies concerned, but this information has never been collected together in one place. The EEA agreement, which came into force 1 January 1994 also contains rules concerning recognition of medical qualifications, and this has further complicated the picture. This has reinforced the need for a collective account of the requirements and procedures that apply in different situations.

In Spring 1993 a work group was set up with representatives from the Faculty of Medicine of the University of Oslo, the Norwegian Medical Association and the Norwegian Board of Health (then the Directorate of Health), to prepare such a collective account. At the same time, an advisory committee was established where the same three organs were represented.

A number of uncertain factors have affected the progress of the work, among other things the date that the EEA agreement would take effect, and some issues associated with the recent reorganization of the central health administration in Norway. The matters addressed here have also proved to be both more extensive and more complex than was originally assumed. The result however is a joint guide, which I believe will be useful both to the medical practitioners whom it directly concerns and to other areas of the health sector where there is a need for information about the current registration requirements.

When, in Spring 1994, the report is now issued in the series of guides published by the Norwegian Board of Health, the EEA agreement has already come into force. The guide should not least be able to contribute to the knowledge of the changes that the EEA agreement entails for registration of medical practitioners.

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## I INTRODUCTION

This booklet gives an overview of the requirements for official registration of medical practitioners in Norway (permanent registration or temporary licence) for applicants who have received their training abroad.

### Intended readers

The intended readers are first and foremost medical practitioners trained in other countries, but it is assumed that the overview will also be useful to other groups, such as employers in the private and public sectors, administrative bodies, organisations, associations, etc.

### Contents

The booklet describes procedures for recognition of foreign medical qualifications in Norway, and gives information about additional requirements, such as those relating to Norwegian language proficiency, supplementary training and preliminary internship (turnustjeneste). A general overview is given of the special conditions for registration that apply for applicants from EEA countries and the Nordic countries, arising from the EEA agreement and from a specific Nordic agreement relating to a common labour market for medical personnel (chapters III and IV). The additional requirements that otherwise apply for foreign medical practitioners are dealt with point by point (chapters V and VI).\*

Details are also given of the requirements for authorization to practise as a specialist, as well as the essential features of specialized medical training in Norway (chapter VII).

In addition to this, a brief summary is given of regulations that apply to medical practice in Norway, e.g. requirements to the furnishing of security, to confidentiality, to supervision by the health authorities, etc. (chapter VIII).

Some practical information is given in chapter IX. The booklet also contains a number of appendices giving, among other things, a list of relevant laws and regulations, and a list of the specialized fields of medicine found in Norway and those covered by the EEA agreement.

First of all however, some general notes about the registration scheme are given in chapter II.

\* Note: EEA agreement (Agreement on the European Economic Area) applies from 1 January 1994.

## II GENERAL NOTES ON REGISTRATION OF MEDICAL PRACTITIONERS IN NORWAY

The medical profession in Norway is regulated by official registration procedures. Registration is granted either as a temporary licence or as permanent registration. Specialized medical practice is also regulated. In the following, a brief summary is given of the essential features of these procedures.

### Medical training in Norway

Medical training in Norway is offered by the universities of Oslo, Bergen, Tromsø and Trondheim. Admission to courses is restricted. The courses are normally of six years' duration, and lead up to a degree in medicine. This is followed by 18 months' compulsory preliminary internship (turnustjeneste), consisting of a specific period working in hospitals and a specific period working for a municipal health service (chapter VI, section h).

Foreign medical students who wish to continue their courses in Norway must apply for ordinary entrance to one of the medical faculties. Applications are evaluated individually. The applicants must fulfil the current requirements for qualifications in English and Norwegian.

For addresses of medical faculties, see appendix 6.

### Registration of medical practitioners (permanent registration, temporary licence)

**Permanent registration temporary licences are granted by the public health authorities**

Official registration by the Norwegian authorities is required to practise medicine in Norway. This also applies to medical practitioners from other EEA countries. In many cases, a temporary licence can be granted if an applicant needs additional qualifications before completely satisfying the requirements for permanent registration, e.g. a language test, a period of practice, a supplementary course, etc.

Permanent registration and temporary licences will be issued by the Norwegian Board of Health (Statens helsetilsyn) until 1 July 1994, and thereafter by the Chief County Medical Officer (Fylkeslegen) in Oslo. The requirements for registration are given in more detail in the following chapters.

For information about information/documents that shall be enclosed with applications for registration, see chapter IX.

## **Specialized medical training in Norway**

Training in 42 approved specialized fields of medicine is organized by the health authorities in cooperation with the medical faculties and the Norwegian Medical Association. This training is based on practice in approved trainee posts, a theoretical course and supervised training programmes (chapter VII).

### **Authorization to practise as a specialist**

#### **Authorization to practise as a specialist is granted by the Norwegian Medical Association**

Practice as a specialist in Norway also requires a specific Norwegian authorization. This authorization is granted by the Norwegian Medical Association by authority of the Norwegian Ministry of Health and Social Affairs (Sosial- og helsedepartementet). The applicant must first registered as a medical practitioner, and otherwise fulfil the conditions that apply for the specialization concerned. Details of the requirements for authorization of specialists are given in chapter VII.

Authorization to practise as a specialist in Norway is normally a prerequisite for occupying a post as a senior medical officer in Norway.

### **Special regulations concerning mutual recognition of applicants in respect of certain countries.**

#### **Different regulation for**

- Norwegian training
- training in a Nordic country
- training in an EEA country

Two international agreements are of direct significance for official registration of medical practitioners and specialists in Norway: the Nordic Labour Market Agreement for Medical Personnel and the Agreement on the European Economic Area (the EEA agreement).

The EEA agreement also applies between the Nordic countries. A Nordic agreement adapted to the provisions the EEA agreement is however maintained. This agreement can have independent significance in a number of situations not covered by the EEA agreement, and allows certain advantages to citizens of Nordic countries. The provisions of the EEA agreement are otherwise used as a basis (chapter III).

Applicants from EEA countries, including the Nordic countries, can be granted permanent registration as medical practitioners in Norway without being subject to requirements such as language tests and supplementary courses, provided that they are able to produce diplomas, certificates or other evidence of formal qualifications that satisfy the minimum requirements laid down in the EEA agreement.

Applications for registration in Norway submitted by medical practitioners from countries outside the Nordic and EEA areas will be processed in accordance with the regulations and practice that apply in Norway.

The Nordic labour market agreement for medical personnel and the EEA agreement also regulate Norwegian authorization of specialists with qualifications from other EEA countries. Such authorization is only granted to persons who are already fully registered as medical practitioners in Norway.

### III APPLICANTS FROM EEA COUNTRIES

This chapter concerns the requirements for permanent registration in Norway of medical practitioners who are citizens of and who have received their training in EEA countries, including the Nordic countries. Permanent registration is granted to applicants who fulfil the conditions laid down in the EEA agreement, without being subject to formal requirements to attend supplementary courses related to specifically Norwegian conditions, preliminary internship (turnustjeneste) or similar requirements. The EEA agreement also includes regulations relating to authorization for specialized medical practice and specific training for general practitioners.

#### Common labour market

The following 17 countries have ratified the EEA agreement: Belgium, Denmark, Finland, France, Greece, Iceland, Italy, Ireland, Luxembourg, Netherlands, Norway, Portugal, Spain, United Kingdom, Sweden, Germany and Austria. As a result of this agreement, the EFTA countries are now associated with EU's internal market. Freedom of movement for workers is one of the basic principles laid down in the EEA agreement.

#### No work or residence permits required

A person wishing to establish him/herself or apply for or take up a post within the EEA is not required first to obtain a work permit or residence permit. For persons capable of supporting themselves, three months' residence without a permit is allowed while seeking employment. Periods of residence in excess of three months require a residence permit. A person who has succeeded in obtaining employment or who is capable of documenting the ability to support him/herself, is granted a residence permit for five years at a time (chapter IX).

The EEA agreement entails the application of EU's regulations concerning mutual recognition of qualifications in countries that are signatories to the agreement. This includes regulations concerning coordination of medical training and mutual recognition of diplomas, certificates and other evidence of formal medical qualifications.

#### Citizenship

The registration regulations in the EEA agreement apply for applicants with citizenship of/training from countries within the EEA.

#### Country of training

### **Permanent registration**

Applications for permanent registration in Norway, enclosing the necessary certificates and other evidence of formal qualifications, shall until 1 July 1994 be sent to the Norwegian Board of Health (Statens helsetilsyn), which is empowered to grant registration, and thereafter to the Chief County Medical Officer in Oslo (Fylkeslegen i Oslo).

#### **Permanent registration of medical practitioners**

Permanent registration is granted to applicants who have the formal medical qualifications specified in directive 75/362/EEC (replaced by directive 93/16/EEC). For practical information about applications, enclosures, etc., see chapter IX.

#### **Minimum requirements**

There are certain minimum requirements to the contents and duration of training courses. It is assumed that training of medical practitioners in EEA countries satisfies these requirements. The duration of basic training shall be at least six years or 5500 hours. The directive also gives details of the medical training offered by member states, e.g. which countries require preliminary internship (turnustjeneste), etc.

#### **simplified registration procedure**

Applicants must fulfil these requirements in order to be granted registration pursuant to the EEA agreement. If the conditions are fulfilled, registration will be granted without further assessment of whether the training is equivalent to training offered in Norway. Supplementary training will not be required.

#### **"Old" qualifications**

Applicants who have taken the final examination, or have started their training before the directive comes into force in their native countries shall produce an attestation certifying that the training fulfils the requirements in the directive referred to above. Applicants may be required to document that for at least three consecutive years out of the five years preceding the issue of the attestation, they have in fact been lawfully practising medicine. Information concerning applicants who do not fulfil these requirements is given in chapter VI.

#### **Training received outside of the EEA**

The special registration regulations in the EEA agreement do not apply to training received in a non-EEA country even if the applicant's training has been recognized by another EEA country.

#### **Citizens of non-EEA countries**

Citizens of non-EEA countries are not entitled to automatic registration even if their training was received in an EEA country.

Citizens of Luxembourg and Iceland, which do not have fully developed medical training programmes, are granted registration in Norway when they have received training in a third country (respectively, medical training or specific training in general medical practice/specialized

medical training), provided that this training is recognized by their native country.

#### **Temporary licences**

#### **Temporary licences**

Temporary licences are not normally appropriate for trained medical practitioners from other EEA countries, since they are able to obtain registration in Norway without needing to satisfy additional requirements. A temporary licence can however be appropriate if a medical practitioner trained within the EEA does not satisfy the conditions for permanent registration in Norway, for example because the requirements to preliminary internship in the-applicant's native country have not yet been fulfilled. In some cases a temporary licence can be granted to allow the applicant to carry out this preliminary internship in Norway (chapter V). A licence is granted for a limited period and for a specific practice or post.

#### **General medical practitioners. Applies from 1.1.1995**

From 1.1.1995 permanent registration as a medical practitioner will not include the right to practise as an independent general practitioner with reimbursement from the Norwegian national insurance scheme. Persons wishing to establish such a practice after this date will be required to produce a special authorization granted by the health authorities. This is a consequence of the regulations in the EEA agreement concerning specific training in general medical practice.

#### **Practical training**

Authorization to practise as a general practitioner within the Norwegian national insurance scheme is granted to medical practitioners who are fully registered to practise in Norway and who hold a diploma, certificate or other evidence of formal qualifications as referred to in directive 86/457/EEC (replaced by directive 93/16/EEC), certifying successful completion of specific training in general medical practice. This requires two years' training of an essentially practical orientation after the completion of medical training. This additional qualification shall not be regarded as a specialization. Specific training in general medical practice in Norway will consist of an optional six months' addition to the normal 18 months' preliminary internship (turnustjeneste) which is a condition for permanent registration. This additional practice can be served within any medical field.

### **Authorization to practise as a specialist**

#### **Authorization to practise as a specialist**

Authorization to practise as a specialist in Norway is granted by the Norwegian Medical Association. The specialist authorization is granted to applicants who are fully registered as medical practitioners, and who have received specialized medical training in another EEA country. Authorization to practise as a specialist in Norway can be granted on the basis of a similar authorization in the same field of medicine in another EEA country provided that this authorization was granted on the basis of fulfilment of the country's requirements to training in the specialized field of medicine concerned. Authorization in an EEA country on the basis of specialized training in a non-EEA country cannot form a basis for further authorization of the specialization in other EEA countries.

The specialized fields of medicine that are recognized mutually within the EEA are specified in directive 75/362/EEC (replaced by directive 93/16/EEC). Specific provisions have been laid down concerning qualifications in specialized medicine peculiar to two or more member states. Authorization is granted to practise as a specialist in Norway only if the specialization concerned is found in Norway.

The EEA agreement specifies the minimum duration that training courses for each of the different specializations shall have to satisfy the conditions for recognition (directive 75/363/EEC, replaced by directive 93/16/EEC)

#### **Specialized training prior to directive**

Applicants who have completed or started specialized medical training before the directive comes into force in the country of which they are citizens shall produce attestation certifying either that the training fulfils the requirements laid down in the directive, or that they have in fact been lawfully practising for a specific period as a specialist in the field concerned.

Applicants who desire authorization within Norwegian specializations not specified in the directive, or that are not recognized in the native country/last country of residence, must fulfil the Norwegian requirements for this specialization. Periods of training carried out in the applicant's native country and documented by the production of diplomas, certificates or other evidence of formal qualifications shall however be taken into consideration, provided that they are in accordance with Norwegian requirements.

See also the information on authorization of specialists given in chapter VII.

A list of the specialized fields of medicine specified in the EEA agreement, stating requirements to duration of practice and training courses, is given in appendix 5.

**Language qualifications, etc.****Language  
qualifi-  
cations**

The EEA agreement entails that official registration of medical practitioners in Norway will no longer be conditional upon holding language qualifications. Employers, including private and public hospitals, can however require that applicants to specific appointments have Norwegian language skills. Proficiency in Norwegian is necessary for communication with patients, their relatives and medical personnel, and is therefore essential for satisfactory running of a medical practice in Norway. Foreign medical practitioners who intend to practise medicine in Norway are therefore urged to acquire an adequate knowledge of Norwegian. Participation in training courses devoted to specifically "national" subjects (e.g. forensic medicine, prescription writing) is also recommended, even though these courses are not formal requirements for candidates from EEA countries. Tuition in national subjects is an element of the supplementary courses held for foreign medical practitioners at the universities of Oslo and Bergen. Information about language courses and other tuition facilities is given in chapter VI.

**Medical practice****Medical  
practice is  
subject to  
Norwegian law**

The medical directive of the EEA agreement primarily concerns the requirements that apply for registration of medical practitioners. Persons who practise medicine in Norway must in the normal way comply with the Norwegian regulations that apply to medical practice, including supervision by public health authorities, requirements to satisfactory medical practice, etc. (chapter IX).

#### IV APPLICANTS FROM OTHER NORDIC COUNTRIES

Applications from medical practitioners from other Nordic countries are embraced by the authorization regulations in the EEA agreement. There is also a specific Nordic labour market agreement that has significance for citizens of Nordic countries in certain situations. This particularly applies to:

- training obtained outside of the EEA (third country)
- specialized fields of medicine not automatically recognized within the EEA, which are recognized mutually between two or more Nordic countries
- "old" qualifications that must be supplemented with practice in order to be recognized in accordance with the EEA agreement.

An agreement concerning a common Nordic labour market for medical personnel, including medical practitioners, applies between Denmark, Finland, Iceland, Norway and Sweden.

#### **The EEA agreement embraces the Nordic countries**

Since the EEA agreement embraces all of the Nordic countries, the specific Nordic arrangement will have less significance after the EEA agreement has come into force. The provisions in the EEA agreement concerning registration of medical practitioners and specialists shall now apply within the Nordic countries. From 1 January 1995 the regulations concerning specific training in general medical practice will also apply. The EEA agreement entails for instance that authorization will no longer be conditional upon a knowledge of relevant national legislation.

Applicants who are citizens of another Nordic country and are fully qualified to practise medicine there will no longer need a temporary licence to practise in Norway, since they will qualify automatically for permanent registration. If the medical practitioner wishes to carry out preliminary internship (turnustjeneste) in Norway, he will need to apply for a temporary licence. For more information, see chapter V and chapter VI, section h. For more information on EEA regulations, see chapter III. For more information on authorization to practise as a specialist, see chapter VII.

#### **The Nordic agreement applies in some areas**

The Nordic agreement has been amended in relation to the EEA agreement, and a new revised Nordic agreement applies from the same date as the EEA agreement. This agreement will be of importance in a number of situations not covered by the EEA agreement.

**Training  
received  
outside the  
Nordic  
countries  
and the EEA**

Within the Nordic countries, it will be possible to obtain recognition for qualifications received in a country outside the Nordic countries or the EEA. Citizens of Nordic countries who have received medical training in such a country and obtained permanent registration in one of the Nordic countries are also entitled to such registration in the other Nordic countries. The same applies for specialist qualifications from a country outside the Nordic countries and the EEA that are recognized in a Nordic country.

**Nordic  
speciali-  
zations**

A specialized field of medicine which is found in two or more Nordic countries, but which is not covered by the EEA agreement, can be recognized mutually between the Nordic countries where it is found.

**"Old"  
specialist  
qualifi-  
cations**

"Old" specialist qualifications that do not fulfil the conditions of the EEA agreement, can be recognized within the Nordic countries without fulfilling such requirements to practise as are stated in the EEA agreement.

**Border  
licence**

The ad hoc rule in the Act relating to Medical Practitioners (Legeloven) concerning the so-called temporary border licence shall continue to apply. Officially registered medical practitioners in Finnish and Swedish districts bordering on Norwegian territory are permitted to practise in bordering Norwegian districts without obtaining permanent registration or a temporary licence to practise in Norway.

## V TEMPORARY LICENCE TO PRACTISE MEDICINE IN NORWAY

A temporary licence to practise medicine in Norway can be granted to foreign medical practitioners who do not fulfil the conditions for permanent registration, to medical students and to qualified medical practitioners engaged in preliminary internship (turnustjeneste). Applications for temporary licences shall until 1 July 1994 be submitted to the Norwegian Board of Health (Statens helsetilsyn), and thereafter to the Chief County Medical Officer (Fylkeslegen) in Oslo, enclosing certified copies of testimonials in a Nordic language or English. Licences cannot be granted retroactively.

Medical practitioners from EEA countries, including the Nordic countries, will normally be able to obtain permanent registration as medical practitioners in Norway without first needing to obtain a temporary licence, provided that they are fully qualified medical practitioners in their native countries. Other applicants must first apply for a temporary licence.

### General information

Licences can be granted to:

- medical practitioners from EEA countries who are not fully qualified in their native countries and medical practitioners from countries outside the EEA
- medical students from certain countries
- qualified medical practitioners engaged in preliminary internship (turnustjeneste)

Licences are associated with specific posts and are granted for periods of up to 18 months, with the possibility of extension. Before being considered for a temporary licence, the applicant must satisfy the requirements to proficiency in Norwegian and have been offered a temporary post at a Norwegian hospital.

For details of the requirements to knowledge of Norwegian, see chapter VI.

### **Medical practitioners trained in other countries**

#### **Medical practitioners who can not be registered in accordance with the EEA agreement**

Initial applications for temporary licences must be accompanied by examination certificates, etc., as well as documentation of previous practice, including any preliminary internship (turnustjeneste).

The following must be specified: the period for which the application applies, the hospital/clinic where the shall be carried out and the function that the applicant shall have. A knowledge of Norwegian must be documented, and proof of citizenship must be enclosed, e.g. a copy of the applicant's passport.

Medical practitioners whose original documents are in a language other than English, German or a Nordic language must have the examination certificates and testimonials translated into Norwegian in Norway.

The question of whether the applicant can be assumed to have the necessary professional competence for the post concerned is referred to the Board for Temporary Licensing and Supplementary Training of Foreign Medical Practitioners (Utvalget for lisenssaker og utenlandsmedisinere) at the Faculty of Medicine of the University of Oslo (see chapter VI, section e, last paragraph). In the case of applicants with medical qualifications from countries outside of Western Europe, USA or Canada, the granting of a temporary licence can be made conditional upon the successful completion of a course in medical terminology and passing a multiple choice test in this subject (chapter VI, sections b, c, and d).

#### **Supplementary training**

As mentioned above, a temporary licence is granted for a limited period only. After 6 months' initial practice, foreign medical practitioners must carry out supplementary training at a Norwegian university. The applicant's training abroad in addition to the supplementary training in Norway will then be recognized by the university authorities as being equivalent to a Norwegian medical examination.

Before being accepted for the supplementary courses, applicants must have at least 6 months' initial practice in a medical post at a Norwegian hospital on the basis of a temporary licence.

Detailed information about the supplementary course can be obtained from the Secretariat for foreign medical practitioners at the University of Oslo (Sekretariatet for utenlandsmedisinere, Universitetet i Oslo) or from the Faculty of Medicine at the University of Bergen (Det medisinske fakultet, Universitetet i Bergen) (chapter VI section f).

After successfully sitting the examinations for the supplementary course, the candidate must carry out compulsory preliminary internship (turnustjeneste). Preliminary internship is administered by the Norwegian Board of Health (Statens helsetilsyn) until 1 July 1994, and thereafter by the Chief County Medical Officer (Fylkeslegen) in Oslo, and is evaluated on an individual basis (chapter VI, section h).

#### **Medical students**

##### **Medical students from EEA countries**

Medical students who are citizens of one of the other Nordic countries or EEA countries, can in some cases obtain a temporary licence to practise medicine in Norway. In addition to the general language requirements, the following conditions are stipulated:

- The applicant must have been offered a temporary post at a Norwegian hospital.
- The applicant must produce certificates, diplomas or other evidence of formal qualifications in all preclinical subjects, and attestation from the medical school concerned that one year or less remains of his/her course before taking the final examination (two years in those cases where one year's practice must be carried out before taking the final examination).

Such a licence can only be granted for practice as a junior hospital doctor. The temporary licence does not include the right to practise as a substitute for a medical practitioner outside a hospital or to participate in a municipal or private duty roster.

Temporary licences cannot be granted retroactively.

##### **Vacant medical posts**

The medical authorities are not able to supply information concerning vacant medical posts in Norway. Vacant posts are advertised in "Tidsskriftet for Den norske lægeforening" (the journal of the Norwegian Medical Association). Hospital owners are not obliged to advertise vacant temporary posts of less than 6 months' duration. Queries about vacant temporary posts should therefore be addressed to individual hospitals.

#### **Qualified doctors engaged in preliminary internship (turnustjeneste)**

##### **Preliminary internship**

In connection with carrying out the compulsory preliminary internship (turnustjeneste), a specific licence document is issued. This document will be issued by the Norwegian Board of Health (Statens helsetilsyn) until 1 July 1994, and thereafter by the Chief County Medical Officer (Fylkeslegen) in Oslo, and is sent to the place where the practice shall be carried out.

**VI APPLICANTS FROM NON-EEA COUNTRIES AND APPLICANTS WHO DO NOT SATISFY THE REQUIREMENTS FOR REGISTRATION AS MEDICAL PRACTITIONERS IN NORWAY**

Applicants from non-EEA countries and applicants who do not satisfy the requirements for registration in accordance with the EEA agreement are required to take supplementary courses, examinations, etc. before they can be fully registered as medical practitioners in Norway. The requirements vary according to the background of the applicant, and applications will be evaluated individually. This chapter gives details of the individual parts of the supplementary training.

**Requirements to foreign medical practitioners who desire permanent registration in Norway**

**Academic  
equivalence**

Foreign medical practitioners who do not satisfy the conditions specified in directive 75/362/EEC (replaced by directive 93/16/EEC) will not automatically obtain permanent registration as medical practitioners in Norway. These medical practitioners must apply to the university authorities for their foreign medical qualifications to be recognized as being academically equivalent to Norwegian medical qualifications, and must then carry out preliminary internship (turnustjeneste). They are then able to apply to the health authorities for permanent registration.

Requirements for recognition of foreign medical qualifications are laid down in specific regulations. The medical faculties in Oslo and Bergen are empowered to grant such recognition.

Before recognizing foreign medical qualifications, the universities expect the following requirements to be met:

- Norwegian language proficiency test
- course in Norwegian medical terminology
- medical theory tests in nine clinical subjects
- preliminary internship at a Norwegian hospital
- examination at the university in those clinical subjects not included in the candidate's foreign examinations
- necessary knowledge of practical/clinical medicine. This can be established by means of a clinical test or by practical work, if the faculty is not in some other

way able to ascertain that the candidate satisfies the requirements

- supplementary courses for foreign medical practitioners at the universities of Oslo or Bergen

More information about these requirements is given in the present chapter.

### **Individual evaluation**

The medical qualifications of each candidate are evaluated individually on the basis of the duration and contents of the training. In addition to the compulsory requirements, for example to proficiency in Norwegian language, medical theory tests and initial practice, specific requirements can be made to supplementary courses and examinations for individual candidates.

When the foreign qualifications are recognized as being academically equivalent to Norwegian medical qualifications, the applicant must carry out the necessary preliminary internship (turnustjeneste) specified by the Norwegian Board of Health (Statens helsetilsyn) until 1 July 1994, and thereafter by the Chief County Medical Officer (Fylkeslegen) in Oslo. It is then possible for the applicant to apply for permanent registration.

### **The main elements of the routines for recognition of foreign medical qualifications**

Foreign medical practitioners who wish their medical qualifications to be evaluated and recognized by Norwegian university authorities must apply to the Faculty of Medicine in Oslo or Bergen. Applicants must produce original certificates and diplomas from a foreign medical school, and must hold Norwegian residence permits.

#### **a. Enrolment at a Norwegian university**

### **Enrolment at a university**

Applicants for the medical terminology course, the medical theory test and/or supplementary courses for foreign medical practitioners, must be enrolled at a Norwegian university or college before the start of the course.

Course participants who are not previously enrolled, will be enrolled in connection with registration for courses/examinations. The semester fee (students' union fee) must be paid for the term(s) during which the candidate attends courses/sits examinations at the university. The semester fee at the University of Oslo is approximately 400 kroner (1993).

## **b. Norwegian language proficiency**

### **Norwegian language proficiency**

Foreign medical practitioners must have passed an examination in Norwegian proficiency stage III at a Norwegian university or a specific test in Norwegian as a foreign language (the "Bergen test") before being allowed to start a course of supplementary training. This requirement must also be met before the medical practitioner can apply for a temporary licence. Except in the case of Finnish speakers, candidates with a Nordic native language are not required to take a Norwegian language proficiency examination. The following tuition and examinations in Norwegian language proficiency are available:

#### Courses and examinations - Norwegian stage III

### **Norwegian courses at Norwegian universities**

Each autumn and spring, Norwegian proficiency courses are arranged at the universities of Oslo, Bergen and Trondheim. In order to be accepted for entrance to the ordinary Norwegian proficiency courses, a candidate must have a Norwegian residence permit. The candidate must achieve a mark of at least 3.0 in both written and oral examinations (1993).

### **Norwegian stage III**

The universities of Oslo and Bergen also arrange summer courses.

The application form and information about the Norwegian proficiency course can be obtained from the universities (see the address list at the back of this booklet).

#### Norwegian courses/Test in Norwegian as a foreign language

### **Other Norwegian courses**

Norwegian courses are also arranged at Rosenhoff skole, Oslo, and by Folkeuniversitetet (Oslo Extramural Board) and AOF (Workers' Educational Association). After attending such courses, the candidate must take a specific Norwegian proficiency test (the "Bergen test") which is arranged by Folkeuniversitetet (Oslo Extramural Board) in cooperation with the University of Bergen.

### **Test in Norwegian**

Candidates who already have a good knowledge of Norwegian do not need to attend the course before taking the test. The Norwegian proficiency test measures listening comprehension, reading comprehension, written language skills, knowledge of words and expressions and correct use of language.

Both the written and the oral test must be passed with a mark of at least 500 points (equivalent to Norwegian stage III) (1993).

The test is held in the following towns: Oslo, Kristiansand, Stavanger, Bergen, Trondheim, Bodø and

Tromsø. For more information and for enrolment for the test, contact Folkeuniversitetet/Norsk språkttest.

### **c. Courses in Norwegian medical terminology**

#### **Courses in Norwegian medical terminology**

Foreign medical practitioners required to take examinations in Norwegian must also successfully participate in courses in Norwegian medical terminology. Acceptance for the course in medical terminology is dependent upon having passed examinations in Norwegian - stage III or equivalent before the start of the course. Candidates who hold permits for permanent residence in Norway, and who have not taken examinations in Norwegian proficiency before entrance to the course in medical terminology, can in exceptional cases take a test equivalent to the Norwegian proficiency examination stage III on the day before the start of the course in medical terminology.

The medical terminology course is currently arranged three times per year, in August, December and January. The course is offered only by the University of Oslo.

The medical terminology course consists of both a correspondence course and class tuition. The correspondence course includes exercises that must be satisfactorily completed before the start of the course. The class tuition is of two and a half weeks' duration plus a day for examinations.

#### **Application dates**

The last dates for applications for the course in medical terminology are the same as for the supplementary courses; 15th May for the course in August and 15th September for the courses in December and January. The course fee is currently 1,650 kroner (1994).

### **d. Medical theory test**

#### **Medical theory test**

Candidates with medical qualifications from countries outside Western Europe must take a test in medical theory. The test is in the form of 65 multiple choice questions divided between the following subjects: 15 questions from each of the two main areas, internal medicine and general surgery and 5 questions from each of the areas oto rhino laryngology, ophthalmology, neurology, paediatrics, obstetrics and gynaecology, psychiatry and pharmacology.

Candidates with medical qualifications from USA/Canada and Australia are normally exempt from the medical theory test. Candidates with specialized medical qualifications equivalent to Norwegian requirements and/or especially long experience, can apply for exemption from the examination.

Applications for exemption from the medical theory test will not be evaluated before production of a practice testimonial from a Norwegian hospital.

The current requirements for examinations in Norwegian proficiency must be fulfilled and a course in medical terminology must be successfully completed before the medical theory test can be taken. The test is normally held in April (final date for applications 1 February) and October (final date for applications 1 September).

#### **e. Initial practice before the supplementary course**

#### **Initial practice on the basis of a temporary licence**

Foreign medical practitioners must work for a minimum of 6 months at a Norwegian hospital before being able to apply for entrance to the supplementary courses (section f). This practice must not be confused with the preliminary internship (turnustjeneste) (section h), which foreign medical practitioners are required to carry out after foreign examinations have been recognized by a Norwegian university (section h).

The initial practice required before taking the supplementary courses shall be in the form of paid medical work in a clinical hospital ward on the basis of a temporary licence. At least six months of this practice must be carried out in a ward for general (internal) medicine, surgery, gynaecology or paediatrics. The candidate is him/herself responsible for obtaining an offer of employment as well as a work permit and a residence permit before being able to apply to the Norwegian Board of Health (Statens helsetilsyn) for a temporary licence (chapter V). Requirements to Norwegian language proficiency must be met before a temporary licence can be considered.

The Board for Temporary Licensing and Supplementary Training of Foreign Medical Practitioners (Utvalget for lisenssaker og utenlandsmedisinere) at the Faculty of Medicine of the University of Oslo is an advisory body for the Norwegian Board of Health (Statens helsetilsyn) in questions concerning temporary licences to foreign medical practitioners. Following the advice of the board, the public health authorities may require the course in medical terminology and the medical theory test to be successfully taken before granting a temporary licence for the first time. A restricted temporary licence can also be granted, on the condition that these courses/tests be taken at the first opportunity.

#### **f. Supplementary courses for foreign medical practitioners**

#### **Supplementary courses**

Before foreign medical qualifications can finally be recognized, the candidates must take special supplementary courses for foreign medical practitioners.

Such courses are held at the universities of Oslo and Bergen.

Candidates who apply for entrance to the supplementary courses must have successfully completed courses in medical terminology and, if required, a medical theory test, and also have completed the obligatory period of twelve months' initial practice before the start of the course.

**Spesial requirements**

In connection with enrolment for the supplementary courses, an evaluation is made of candidates' knowledge of practical/clinical medicine. In some cases candidates can be required to attend tuition or carry out a period of unpaid practice and take clinical examinations in general surgery and/or internal medicine.

**Clinical examinations in "small" subjects**

Examinations must be taken in oto rhino laryngology, ophthalmology, dermatology and neurology if the candidate has not taken clinical examinations in these subjects at the foreign medical school. The candidate must during the course of his/her training have participated actively in at least three deliveries of children.

Supplementary courses at the University of Oslo

**Supplementary courses**

Tuition in connection with the supplementary courses held at the University of Oslo is compulsory and lasts for approximately five weeks, followed by one week of examinations. The supplementary courses are held twice each year. The spring course starts approximately 10 January (final date for applications 15 September the previous year). The autumn course starts approximately 20 August (final date for applications 15 May). Replies to the applications are sent approximately three weeks after the final date.

**Final dates for applications**

The supplementary courses include tuition in diagnostic radiology, blood-type serology and BCG. Tuition is also given in the "national" subjects: social medicine, preventive medicine, forensic psychiatry, forensic medicine and prescription writing.

**The "national" subjects**

Tuition in the "national" subjects is also offered to medical practitioners from EEA countries who desire a better knowledge of Norwegian regulations. This tuition is held as far as possible during the final 2-3 weeks of the course. All tuition in the supplementary courses is in Norwegian.

More detailed information about the supplementary course at the University of Oslo can be obtained from the Secretariat for Foreign Medical Practitioners (Sekretariatet for utenlandsmedisinere).

### Supplementary courses at the University of Bergen

The Faculty of Medicine at the University of Bergen holds supplementary courses once each year, dependent on enrolment by at least 10 participants. The course starts approximately 20 October (final date for applications 1 August), and is limited to 20 participants.

More detailed information can be obtained from the University of Bergen.

### **g. Recognition of foreign medical qualifications**

When the applicant has successfully completed the supplementary courses and fulfilled any additional requirements, the faculties will recognize the foreign medical qualifications as being academically equivalent to Norwegian medical qualifications.

### **h. Preliminary internship (turnustjeneste)**

A candidate whose medical qualifications have been recognized by a university as being academically equivalent must as a rule serve a preliminary internship (turnustjeneste) before being given permanent registration as a medical practitioner in Norway.

#### Who must carry out internship (turnustjeneste)?

Medical practitioners who have been trained in EEA countries and who are citizens of EEA countries are not required to carry out preliminary internship in Norway as long as they satisfy the requirements for registration in accordance with directive 75/362/EEC (replaced by directive 93/16/EEC).

#### **EEA**

Applicants from EEA who do not satisfy the requirements for permanent registration in Norway because they lack the necessary practice from their native countries/countries of training are not automatically entitled to a practice post in Norway. Whether or not such a post can be offered will be subject to individual evaluation.

#### **Other countries**

Applicants from countries outside the EEA must as a rule

- when their foreign qualifications have been recognized by a university as being academically equivalent
- carry out preliminary internship (turnustjeneste) in Norway before permanent registration in Norway is granted.

#### The contents of Preliminary internship (turnustjeneste)

Norwegian preliminary internship (turnustjeneste)

consists of the following components:

**Hospital**

- a) 6 months' practice in a surgical ward and  
6 months' practice in a medical ward at a hospital  
or
- b) 4 months' practice in a general surgical ward,  
4 months' practice in a general medical ward and  
a total of 4 months' practice in one or more  
approved specialist wards  
and

**Municipal  
health services**

- c) 6 months' practice in municipal health services.

The preliminary internship (turnustjeneste) shall be carried out continuously and under the professional guidance and supervision of a senior doctor.

When preliminary internship (turnusteneste) shall be carried out.

**After medical  
examinations**

Preliminary internship (turnustjeneste) shall as a rule be carried out after successful completion of medical examinations in Norway, or after a Norwegian university has recognized foreign qualifications as being academically equivalent to Norwegian qualifications.

Postponement and/or interruption of preliminary internship (turnustjeneste) can after specific application be approved in special cases where there are reasonable grounds to do so.

**Applications  
to the public  
health  
authorities**

Preliminary internship (turnustjeneste) will be administered by the Norwegian Board of Health (Statens helsetilsyn) until 1 July 1994, and thereafter by the Chief County Medical Officer (Fylkeslegen) in Oslo. Candidates who wish to be considered for a post, must send a specific application. Preliminary internship (turnustjeneste) commences 15 January and 15 July each year, and the final date for enrolment is approximately nine months earlier.

**i. General medical practitioners**

**General  
practice**

After 1 January 1995, doctors who wish to work as independent general practitioners with reimbursements from the National Insurance scheme will, in addition to being fully registered, be required to produce a specific authorization issued by the health authorities.

This authorization is granted after six months' optional practice, additional to the preliminary internship (turnustjeneste), referred to above. Like the preliminary internship, this additional six months' practice is carried out under the guidance of a senior doctor. This additional training does not qualify the doctor for specialist status.

## VII AUTHORIZATION TO PRACTISE AS A SPECIALIST

The provisions of the EEA agreement concerning mutual recognition of specialized fields of medicine, cover most specializations in Norway. Nordic citizens with authorization from a Nordic country to practise as a specialist can be authorized for additional specializations in accordance with a specific Nordic agreement. Applicants not covered by the EEA agreement or the Nordic agreement for medical personnel must satisfy the normal Norwegian requirements for specialist authorization. This chapter contains a more detailed description of these authorization arrangements, and of the essential features of specialized medical training in Norway.

### **Applications**

Applications for authorization to practise as a specialist in Norway shall be sent to the Norwegian Medical Association, which has been delegated authority to grant such authorization. A special form is available for these applications.

### **Permanent registration is a prerequisite for authorization to practise as a specialist**

Permanent norwegian registration is a prerequisite for authorization to practise as a specialist.

The requirements to additional practice differ according to the citizenship of the candidate and the country where the specialized medical training was carried out. Both the EEA agreement and the Nordic agreement contain regulations concerning mutual recognition of specialist qualifications (see below).

### **Requirements for senior medical posts**

Authorization to practise as a specialist in Norway is normally required of applicants to senior medical officer posts at Norwegian hospitals, and is also a prerequisite for the right to receive specialist rates from the National Insurance Administration (Rikstrygdeverket).

Establishment of an independent specialist practice with reimbursement from the Norwegian national insurance scheme (Folketrygden), is subject to the existence of a vacant authority for establishment of such a practice. Vacant authorities are announced in the Journal of the Norwegian Medical Association.

### **Authorization to practise as a specialist in accordance with the EEA agreement**

### **Reciprocal authorization on certain conditions**

Authorization to practise as a specialist in Norway is granted to EEA citizens who have qualifications from an EEA country that satisfy the requirements to specialist qualifications listed in directives 75/362/EEC and 75/363/EEC (both now replaced by directive 93/16/EEC).

The directives list specializations found in all EEA countries, and give the designations used in the different countries for equivalent specializations. In addition to this, are listed those specializations entitling recognition if they are found in the host country. For a list of the specializations included in the EEA agreement and those that are found in Norway, see appendix XX to this booklet.

If specialized medical training has been completed or started before the directive has come into force in the applicant's native country or country of training, the applicant shall produce an attestation that the training fulfils the requirements listed in the directive, or that the applicant has lawfully practised for a specified period.

**Authorization to practise as a specialist in accordance with the Agreement relating to a Common Nordic Labour Market for Medical Personnel.**

**Nordic agreement**

The EEA agreement also applies between the Nordic countries. In addition to this, a special Nordic agreement gives in certain cases additional rights to citizens of Nordic countries. On the basis of the Nordic agreement, a Nordic citizen who is authorized to practise as a specialist in one of the Nordic countries, has the right to the same authorization in another Nordic country. Specializations not mentioned in the EEA agreement can nevertheless be recognized between the Nordic countries.

**Reciprocal authorization beyond the terms of the EEA agreement**

In addition to permanent registration as a medical practitioner, authorization to practise as a specialist in Norway is dependent on the specialization being recognized in Norway and having the same contents in the two countries.

**Requirements for additional training**

**Applicants not covered by the Nordic agreement or the EEA agreement.**

Specialist qualifications from non-EEA countries and qualifications that do not satisfy the requirements of the above-mentioned directive will be evaluated individually in relation to authorization to practise as a specialist in Norway. The Norwegian specialist requirements must be satisfied.

When authorization to practise as a specialist in Norway is applied for on the basis of practice both in non-EEA countries and in Norway, at least half of the required practice shall have been carried out in Norway. Practice in another Nordic country is however recognized as being equivalent to practice in Norway, provided that it is carried out at a recognized training institution and is otherwise in accordance with Norwegian specialist regulations.

At least one year of specialized medical training shall be carried out in Norway, irrespective of the country where the remainder of the practice was carried out.

#### **Medical specializations in Norway**

##### **Main and subspecializations**

Appendix 4 gives a complete list of specialized fields of medicine in EEA countries, including the specializations that are found in Norway. Norway has 42 specializations, of which eight are subspecializations under the main specialization, general (internal) medicine and six are subspecializations under the main specialization, general surgery. For medical practitioners not covered by the EEA agreement who desire authorization to practise as a specialist in Norway in a subspecialization - authorization for a main specialization must be acquired before authorization can be granted to practise in a subspecialization.

##### **Specialist training in Norway**

##### **specialist training in Norway**

All practice for main courses and other relevant courses shall be carried out at a recognized training institution in Norway or abroad. Such practice will only be recognized when the medical practitioner has during this period been employed at the hospital/clinic, and all aspects of the practice have been taken into account.

##### **Practice as an assistant medical practitioner**

The practice shall be carried out in a post of assistant medical practitioner at an authorized training institution for the field concerned, under the supervision and guidance of a senior doctor. Participation in a minimum of two hours per week of structured tuition within the field is required. Appointment to the post of assistant medical practitioner is made by the hospital administration. Five to six years' practice is a prerequisite for authorization to practise as a specialist in Norway. Of this, one year shall be in the form of relevant courses additional to the main course. In addition to this, attendance of courses amounting to a total of between 100 and 400 hours is required, as well as a management course. The courses are administered by four coordination offices, attached respectively to the universities of Oslo, Bergen, Trondheim and Tromsø. The academic content level is controlled by the Norwegian Medical Association, which has appointed a committee for each specialized field.

### **Training institutions**

#### **Group I and group II**

In most specializations, training institutions are divided into group I and group II clinics. Group I clinics are those in university hospitals, large general hospitals and certain specialist hospitals. Group II clinics include all other recognized training institutions.

At least 1 1/2 years of the main course (in the specialized field) shall be served in a group I clinic. The remainder can be served in a group II clinic.

#### **Requirements to training institutions**

The training committee at each training institution prepares a curriculum for the clinic in accordance with the description of objectives for the field concerned. The curriculum shall include a programme of tuition consisting of at least two hours of tuition per week. The training committee ensures that a permanent tutor is appointed for each candidate and functions as the link between the candidate/tutor and the clinic's management. In the main medical specializations, general (internal) medicine and community medicine, respectively two and three years of the training shall be carried out within a specific supervised training programme.

For more detailed information about the training requirements for each individual specialized field, see the yearbook of the Norwegian Medical Association. The yearbook can be borrowed from public libraries or purchased from the Norwegian Medical Association.

## VIII RIGHTS AND RESPONSIBILITIES OF MEDICAL PRACTITIONERS IN NORWAY

While the conditions for registration of foreign medical practitioners are partly decided by international agreements, the rights and responsibilities associated with medical practice in Norway are regulated by Norwegian domestic legislation. A number of concrete responsibilities have been laid down in relation to patients and to the authorities. Medical practitioners have also a general obligation to carry out their activities in a satisfactory way. They are subject to the supervision and control of the public health authorities.

### Norwegian regulations for professional practice

Somewhat differing requirements apply for permanent registration in Norway according to the country from which the applicant comes or has received his/her training. All persons who practice the medical profession in Norway, are however subject to the professional regulations that apply in Norway.

The Act of 13.6.1980 No. 42 relating to Medical Practitioners (legeloven) contains the most important regulations for medical practice. In the following are listed a number of the principal responsibilities and rights of medical practitioners in Norway:

### Insurance

- Insurance: Persons who practice medicine in Norway, are obliged to furnish security for the responsibility that can be incurred in their professional activities. The security shall be furnished in the form of an insurance arrangement valid in Norway. Norwegian insurance companies have standard terms for medical practitioners. These terms also cover the medical practitioner's assistants.

### Notification of practice

- Establishment of medical practice: shall be notified to the Chief Municipal Medical Officer (Kommunelegen; in Oslo, Bydelslegen). The same applies if the medical practitioner takes over or enters into a medical practice. Notification must also be given if the medical practitioner leaves the district and terminates, transfers or withdraws from the practice.

### Records

- Records: It is the duty of the medical practitioner to keep systematic records of his/her practice, and to keep a separate journal for each patient. The patient has normally the right to see this journal or receive a copy of it. In cases where the medical practitioner finds this inadvisable out of concern for the patient's health, the patient can appoint a representative.

**Professional  
secrecy**

- Professional secrecy: The medical practitioner is obliged to observe secrecy about peoples' physical condition or illness or other personal circumstances of which he/she learns in the course of medical practice.

Professional secrecy applies also in relation to communication with other medical personnel, unless the information is of importance to treatment. The Act relating to Medical Practitioners (legeloven) lists a number of additional exceptions to the regulations concerning professional secrecy.

**Information to  
the patient**

- Duty to inform the patient: The patient shall be given "the information he should have about his state of health and treatment". The patient shall also as far as possible be allowed to participate in the treatment.

**Notification  
of births and  
deaths**

- Duty to notify: It is the duty of the medical practitioner to give specific notification about certain observations and events. Notification must for example be given of births and deaths the medical practitioner has to do with in his practice. Such notification shall be given using a standard form.

standa

A medical practitioner who issues a death certificate is obliged to report the case to the police if there is any reason to suspect that a person has died from other than natural causes.

**Immediate  
assistance**

- Immediate assistance: All medical practitioners are duty bound to render assistance in situations where they have reason to believe that medical assistance is urgently required.

**Responsible  
practice**

- Responsible medical practice: A medical practitioner is duty bound to carry on his/her practice responsibly and to strive to give competent and caring assistance to patients. This also entails an obligation on the part of the medical practitioner to keep continuously informed about regulations that have significance for his/her practice, and to maintain a satisfactory knowledge of the Norwegian language where this is important to activities as a medical practitioner.

**Supervision by  
the public  
health  
authorities**

A medical practitioner is subject to the supervision of the public health authorities with regard to the observation of legislation concerning medical practice. Regardless of professional secrecy considerations, the public health authorities can demand whatever reports or information are necessary in the carrying out of supervision, enquiries and inspection. The medical authorities can, in accordance with the Act relating to Medical Practitioners (legeloven), respond in a number of different ways to unsatisfactory conditions or behaviour. These include suspension of the right to prescribe certain medicines, or in serious cases that give reason to suppose a medical practitioner to be unsuitable for the medical profession, revocation of the

medical practitioner's authority or licence to practise.

**Right to use  
the title  
medical  
practitioner  
and to practice  
medicine**

Holders of temporary licences and border licences as well as fully registered medical practitioners are all entitled to use the title medical practitioner.

Permanent registration as a medical practitioner entails the right to practise medicine in Norway, either through independent practice or through appointments. A temporary licence entails a restricted authorization to practise medicine with regard both to the duration and to the scope of the practice.

**General  
practice**

The right to establish a separate practice as a general practitioner within the Norwegian national insurance scheme will from 1 January 1995 be contingent upon the completion of specific practical training, and will no longer directly ensue from permanent registration (chapter III).

Establishment of a practice with reimbursement from the Norwegian national insurance scheme (Folketrygden), both for general practitioners and for specialists with independent practices, is subject to the existence of a vacant authority for establishment of such a practice.

**The right to  
prescribe  
medicines**

A medical practitioner has the right to prescribe the medicines necessary in his practice in accordance with current regulations.

**Medical  
assistants**

A medical practitioner may employ other medical personnel in his practice to the extent that is proper in view of their qualifications, the duties they are given, their instructions, and their supervision.

For more detailed information, see the Act of 13.6.1980 No. 42 relating to Medical Practitioners (Legeloven) and the Ethical Rules for Medical Practitioners (Ethiske regler for leger), laid down by the Norwegian Medical Association.

**IX PRACTICAL INFORMATION**

**1. Residence and work permits**

**Residence and work permits**

Applications for permits to reside and work in Norway shall be submitted from the native country of the applicant. Entry into Norway is not permitted until the application has been granted.

Citizens from the Nordic countries are exempted from the requirements to work permits and residence permits. Citizens from EEA countries must apply for permits for periods of residence of over three months (see also chapter III).

The application form can be obtained from Norwegian embassies and consulates, where information can also be obtained about the necessary enclosures to the application. The documents shall be delivered to a Norwegian embassy or consulate in the applicant's native country or in the country where the applicant has had a work permit during the previous six months.

**2. Applications for temporary licence or permanent registration**

Applications for permanent registration or temporary licence as a medical practitioner in Norway shall until 1 July 1994 be sent to the Norwegian Board of Health (Statens helsetilsyn), and thereafter to the Chief County Medical Officer (Fylkeslegen) in Oslo with the necessary enclosures. There is no special form for this application.

With regard to applications for a temporary licence, see chapter V.

The follow documents shall be enclosed with applications for permanent registration:

**Documentation that is always required**

- diploma, certificate or other evidence of formal medical qualifications
- any permanent registration as a medical practitioner in another country
- attestation for any preliminary internship (turnustjeneste) carried out in the applicant's native country or country of training, unless this is included in the registration document from the country concerned.

- proof of citizenship, e.g. certified copy of passport

Applicants from non-EEA countries and applicants who do not satisfy the requirements for permanent registration in accordance with directive 75/362/EEC (replaced by directive 93/16/EEC) shall also produce the following:

- confirmation from a Norwegian university that the foreign medical qualifications are recognized as academically equivalent to Norwegian qualifications
- confirmation of approved Norwegian preliminary internship (turnustjeneste)

The registration authority can also require:

**Documentation  
that can be  
asked for**

- attestation from the appropriate authority in the applicant's native country or last country of residence testifying to the applicant's good character and good repute. This attestation shall not be more than three months old.
- attestation of physical and/or mental health from the applicant's native country or last country of residence. This attestation shall not be more than three months old.
- attestation from the appropriate authority in another EEA country that the diploma produced is valid and that the applicant satisfies the qualification requirements stated in directive 75/363/EEC (replaced by directive 93/16/EEC).

**3. Applications for authorization to practise as a specialist**

**Applications  
for specialist  
authorization**

Applications for authorization to practise as a specialist in Norway shall be sent to the Norwegian Medical Association (Den norske lægeforening). The application shall be written on a special form, and shall enclose certified copies of testimonials of satisfactory service. The application form can be obtained from the Norwegian Medical Association.

**4. Required qualifications for authorization to practise as a specialist in Norway**

A list of requirements with regard to practice and course attendance for each specialized field is published annually in the yearbook of the Norwegian Medical Association.

## 5. Applications for medical posts

Applications for medical posts in Norway should be written on a standard form (currently form IK-1031).

This form can be obtained from the Norwegian Board of Health (Statens helsetilsyn), Chief County Medical Officers (Fylkeslegene) and the Norwegian Medical Association (Den norske lægeforening).

## 6. Economic support for further training and post-graduate courses

### Fund I

The Norwegian Medical Association's fund for further training and post-graduate training of medical practitioners, fund I

The purpose of the fund is to promote basic training, further training and voluntary post-graduate training for medical practitioners. The fund favours particularly initiatives for improvement of further training and post graduate training for medical practitioners in remote parts of the country.

### Fund II

The Norwegian Medical Association's fund for the promotion of further training and voluntary in-service training for general practitioners and in-service training for specialists in private practice, fund II

The purpose of the fund is to raise and maintain the level of medical knowledge of general practitioners and of specialists in private practice by providing economic support to cover course fees, travelling and accommodation expenses and stipends to the degree that such support is not covered in accordance with other regulations.

### Fund III

The Norwegian Medical Association's fund for the promotion of further training and voluntary in-service training for hospital doctors, fund III

The purpose of the fund is to raise and maintain the level of medical knowledge of hospital doctors by providing economic support to cover course fees, travelling and accommodation expenses and stipends to the degree that such support is not covered in accordance with other regulations.

## 7. The Norwegian State Educational Loan Fund (Statens lånekasse for utdanning)

### Loans and grants

Educational loans and grants are the two main forms of support granted by the State Educational Loan Fund (Statens lånekasse). Support for higher education can

be granted to students attending courses at public educational establishments, or at educational establishments approved by the authorities. Applicants must be enrolled as students and have the right to sit examinations. Applicants must in addition reside in the vicinity of the educational establishment, and be able to attend tuition.

The State Educational Loan Fund (Statens lånekasse) has offices in Oslo, Bergen, Trondheim, Stavanger, Tromsø and Ørsta.

## Appendix 1

### List of relevant laws

- 1) Act of 4 June 1898 containing certain Provisions relating to the Handling of Bodies of Deceased Persons (Lov av 4. juni 1898 indeholdende visse Bestemmelser om Behandlingen af Lig)
- 2) Act of 19 June 1936 No. 9 concerning the Right of Persons who are not Norwegian Physicians or Dentists to Undertake Treatment of Patients (Lov av 19. juni 1936 nr. 9 om innskrenkning i adgangen for den som ikke er norsk læge eller tannlæge til å ta syke i kur (Kvaksalverloven))
- 2) Act of 18 June 1938 No. 1 relating to the use of X-rays and Radium, etc. (Lov av 18.6.1938 nr. 1 om bruk av røntgenstråler og radium m.v.)
- 4) Act of 19 December 1952 No. 1 relating to Measures to Prevent Spreading of Infectious Diseases, etc. from Abroad (Lov av 19.12.1952 nr. 1 om vern mot overføring av smittsom sykdom fra utlandet m.v.)
- 5) Act of 26. November 1954 No. 2 relating to Vaccination (Lov av 26.11.1954 nr. 2 om vaksinasjon)
- 6) Mental Health Act of 28 April 1961 (Lov av 28.4.1961 nr. 2 om psykisk helsevern)
- 7) Hospitals Act of 19 June 1969 (Lov av 19.6.1969 nr. 57 om sykehus m.v.)
- 8) Act of 9 February 1973 No. 6 relating to Transplantations, Post-mortem Examinations and Transfer of Bodies of Deceased Persons (Lov av 9.2.1973 nr. 6 om transplantasjon, sykehusobduksjon og avgivelse av lik m.m.)
- 9) Act of 13 June 1975 No. 50 concerning Termination of Pregnancy (Lov av 13.6.1975 nr. 50 om svangerskapsavbrudd)
- 10) Act of 3 June 1977 No. 57 relating to Sterilisation (Lov av 3.6.1977 nr. 57 om sterilisering)
- 11) Act of 13 June 1980 No. 42 relating to Medical Practitioners (Lov av 13.6.1980 nr. 42 om leger)
- 12) Act of 19 November 1982 No. 66 relating to Municipal Health Services (Lov av 19.11.1982 nr. 66 om helsetjenesten i kommunene)
- 13) Act of 30 March 1984 No 15 relating to Public Inspection of the Health Services (Lov av 30.3.1984 om statlig tilsyn med helsetjenesten)

- 14) Act of 12 June 1987 No. 68 relating to Artificial Procreation (Lov av 12.6.1987 nr. 68 om kunstig befruktning)
- 15) Act of 4 December 1992 No. 132 relating to Medicines, etc. (Lov av 4.12.1992 nr. 132 om legemidler m.v.)

The laws are included in the yearbook of the Norwegian Medical Association. They can also be obtained from Akademika Bokhandel, Oslo, and from other bookshops.

## Appendix 2

### Summary of relevant regulations

- 1) Regulations relating to the reporting of infectious diseases, laid down 12 December 1974 by the Ministry of Health and Social Affairs (Sosial- og helsedepartementet)
- 2) Regulations relating to the duty to report certain side effects, etc. of medicines, laid down 30 October 1978 by the Ministry of Health and Social Affairs (Sosial- og helsedepartementet).
- 3) Regulations relating to the clinical testing of medicines, laid down 21 August 1981 by the Ministry of Health and Social Affairs (Sosial- og helsedepartementet).
- 4) Regulations relating to licences subject to time limits for medical practitioners over 75 years of age, laid down 15 March 1982 by the Ministry of Health and Social Affairs (Sosial- og helsedepartementet).
- 5) Regulations relating to the duty of medical practitioners to report to the police any deaths not of natural causes, etc., laid down 15 March 1982 by the Ministry of Health and Social Affairs (Sosial- og helsedepartementet).
- 6) General regulations relating to authorization of medical practitioners as specialists and the revocation of such authorization. Delegation of authority, laid down 19 March 1982 by royal decree.
- 7) Regulations relating to specializations, training requirements, authorization of specialists and revocation of such authorization, laid down 22 March 1982 by the Norwegian Ministry of Health and Social Affairs (Sosialog helsedepartementet).
- 8) Regulations relating to the duty of medical practitioners to report that the holder of a pilot's or driverts licence fails to satisfy health requirements, laid down 13 July 1984 by the Directorate of Health (Helsedirektoratet).
- 9) Regulations relating to the appointment of medical practitioners in the municipal health services, and agreements concerning operational support, laid down 27 November 1987 by the Norwegian Ministry of Health and Social Affairs (Sosial- og helsedepartementet).
- 10) Regulations relating to the granting of permission to carry out plastic surgery, laid down 10 February 1989 by the Directorate of Health (Helsedirektoratet).

11) Regulations relating to patients' records kept by doctors and medical institutions, laid down 17 March 1989 by the Norwegian Ministry of Health and Social Affairs (Sosial- og helsedepartementet).

12) Regulations relating to preliminary internship (turnustjeneste) prior to permanent registration as a medical practitioner, laid down 12 June 1989 by the Norwegian Directorate of Health (Helsedirektoratet).

13) Regulations relating to the requisition and supply of medicinal preparations by retail pharmacies, laid down 11 November 1993 by the Ministry of Health and Social Affairs (Sosial- og helsedepartementet).

**Appendix 3**Summary of Norwegian specialized fields of medicine

42 specialized fields

including six subspecializations under general surgery and eight subspecializations under internal medicine. For all specializations, except general (internal) medicine, occupational medicine and community medicine, a compulsory one-week course in management is additional to the number of hours of required courses stated above.

<b>SPECIALIZATION</b>	<b>MAIN TRAINING</b>	<b>ADDITIONAL TRAINING</b>	<b>REQUIRED COURSES</b>	<b>REQUIRED SKILLS CHECK LIST</b>
General medicine	4	1	400	Yes
Anaesthetics	4	$\frac{1}{2} + \frac{1}{2}$	260	Yes
Occupational med.	4	1	300	
Child psychiatry	3	$1 + \frac{1}{2} + 1$	180	
Paediatrics	4	1	120	
Physiotherapy	3	2	180	
Obstetrics and gynaecology	4 + 1	$\frac{1}{2}$	120	Yes
General surgery	5	1	250	Yes
* Paediatric surgery	+3		60	
* Gastro-enterological surgery	+3		85	Yes
* Vascular surgery	+3		80	Yes
* Orthopaedic surgery	+3 + $\frac{1}{2}$		120	Yes
* Thoracic surgery	+3		60	Yes
* Urology	+3		120	Yes
Dermatovenereology	4	$\frac{1}{2} + \frac{1}{2}$	100	
Immunology	4	1	120	
General (internat) medicine	5	1	120	
** general haematology	+2 +1		90	
** Endocrinology	+3		120	Yes

** Gastro-entereologi	+3 (fra 1.1.1995)		120	Yes
** Geriatrics	+2		120	
** Cardiology	+3		120	Yes
** Comunicable diseases	+2 +1		150	
** Respiratory medicine	+3		90	
** Renal diseases	+3 (fra 1.1.1995)		120	
Oral and maxillofacial surgery	3 + odontology		90	Yes
Pharmacology	4	$\frac{1}{2} + \frac{1}{2}$	120	
Biological chemistry	4	1	120	
Clinical neurophysiology	4	1	120	
Medical genetics	4	1	120	Yes
Medical microbiology	4	1	120	Yes
Neurological surgery	5	$\frac{1}{2} + \frac{1}{2}$	120	Yes
Neurology	3 $\frac{1}{2}$	$\frac{1}{2} + \frac{1}{2} + \frac{1}{2}$	120	
Oucology	3 $\frac{1}{2}$	$\frac{1}{2}$	100	Yes
Pathology	4	1	120	Yes
Plastic surgery	2 + 3	1	180	Yes
Psychiatry	4	1	200	
Radiology	4	1	208	
Rheumatology	3 + 2	$\frac{1}{2} + \frac{1}{2}$	120	
Community medicine	4	1	spes. course	Yes
Oto rhino laryngology	4	1	150	Yes
Ophthalmology	4	$\frac{1}{2} + \frac{1}{2}$	120	Yes

\* subspecializations under general surgery

\*\* subspecializations under general (internal) medicine

For training in subspecializations, authorization to practise as a specialist in the main specialized field is a prerequisite.

# Vedlegg 4

Oversikt over alle spesialiteter i EØS-landene, herunder de som finnes i Norge

## Läkarspecialiteter inom EES-området

SPECIALITET	Minitid for spesialistkompetens	EC											EFTA							
		TYSKLAND	BELGIEN	DANMARK	FRANKRIKE	IRLAND	ITALIEN	LUXEMBURG	NEDERLÄNDERNA	UK	GREKLAND	SPANIEN	PORTUGAL	FINLAND	ISLAND	LINCHTENSTEIN	NORGE	SVERIGE	SCHWEIZ	ÖSTERRIKE
Anaesthetics	3	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
General Surgery	5	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Neurological Surgery	5	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Obstetrics & Gynecology	4	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
General (Internal) Med.	5	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Ophthalmology	3	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Oto Rhino Laryngology	3	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Paediatrics	4	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Respiratory Medicine	4	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Urology	5	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Ortopaedics	5	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Patological Anatomy	4	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Neurology	4	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychiatry	4	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Clinical Biology	4		•		•		•						•	•					•	
Biological Haematology	4			•	•				•					•	•					
Microbiology-Bacteriology	4	•		•		•	•	•	•	•	•	•	•	•					•	
Biological Chemistry	4			•		•		•	•	•	•		•						•	
Immunology	4			(•)		•				•			•						•	
Plastic Surgery	5		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Thoracic Surgery	5		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Paediatric Surgery	5				•	•	•	•	•		•	•	•	•	•	•	•	•		
Vascular Surgery	5		•		•		•	•	•					•	•					
Cardiology	4		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Gastro-Enterology	4		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Rheumatology	4		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
General Haematology	3			(•)	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•
Endocrinology	3			(•)	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•

\* Note: Oversikten er gjengitt med tillatelse fra Nordisk Medicin

## EC

## EFTA

SPECIALITET	Minitid för speciallistkompetens	EC										EFTA								
		TYSKLAND	BELGIEN	DANMARK	FRANKRIKE	IRLAND	ITALIEN	LUXEMBURG	NEDERLÄNDERNA	UK	GREKLAND	SPANIEN	PORTUGAL	FINLAND	ISLAND	LINCHTENSTEIN	NORGE	SVERIGE	SCHWEIZ	ÖSTERRIKE
Physiotherapy	3		•	•	•		•	•	•		•	•	•	•	•	•	•	•	•	•
Stomatology	3				•		•	•				•	•							
Neuro-Psychiatry	5	•	•		•		•	•	•		•									
Dermato-Venereology	3	•	•	•	•		•	•	•		•	•	•	•					•	•
Dermatology	4					•				•										
Venereology	4					•				•										
Radiologi	4	•			•		•	•	•		•	•	•	•					•	•
Diagnostic Radiology	4	•	•	•	•	•		•	•	•	•	•	•	•	•		•	•	•	•
Radiotherapy/Oncology	4	•	•	•	•	•		•	•	•	•	•	•	•	•				•	•
Tropical Medicine	4			•		•	•			•								•		
Child Psychiatry	4	•		•	•	•	•	•		•	•							•		•
Geriatrics	4			(•)		•		•	•			•								
Renal Diseases	4			•	•	•	•	•		•	•	•	•							
Communicable Diseases	4					•	•			•										
Community Medicine	4			(•)	•	•				•								•	•	
Clinical Pharmacology	4	•				•				•		•								
Occupational Medicine	4	•		•	•	•	•		•	•	•								•	
Allergology	3			(•)			•	•		•	•	•	•				•			
Gastro Entereol. Surgery	5		•	•	•		•									•				
Nuclear Medicine	4	•	•		•		•		•	•	•	•	•	•				•	•	
Dent. Oral, Max-Facial Surg.	4	•	•		•	•	•			•			•					•		
Forensic Medicine																	•	•	•	
Neuropathology																			•	
Family Medicine				(•)												•	•			
Clinical Physiology				(•)												•			•	
Phoniatrics																•	•			
Clinical Neurophysiology				(•)											•	•				
Hand Surgery																•				
Forensic Psychiatry																•	•			
Clinical Virology																•	•			
Child Neurology																•	•			
Clinical/Medical Genetics															•	•				
Neuroradiology																•	•			
Child Allergology																•	•			
Child Cardiology																•	•			

Amm. Vissa av ovan angivna specialiteter kan även finnas i EG-länder, men inte anmälde.

De danska specialiteter som markerats med (•) återfinns ej i EG-direktiven men redovisas med hänsyn till den nordiska jämförelsen.

**Appendix 5****List of requirements to specialist qualifications in EEA countries (Articles 4 and 5 of directive 75(363/EEC)**

Duration of specialist training courses listed in EU directive 75/363/EEC (replace by directive 93/16/EEC)

The following minimum periods apply for the specializations that are common to all member states. Article 4 of directive 75/363/EEC and article 26 of directive 93/16/EEC:

Group I (five years)

- general surgery
- neurological surgery
- internal medicine
- urology
- orthopaedic surgery

Group II (four years)

- obstetrics and gynaecology
- paediatrics
- respiratory medicine
- pathology
- neurology
- psychiatry

Group III (three years)

- anaesthetics
- ophthalmology
- oto rhino laryngology

Article 5 in directive 75/363/EEC:

The following minimum periods apply for the specializations that are peculiar to two or more member states: Article 5 in directive 75/363/EEC and article 27 in directive 93/16/EEC:

Group I (five years)

- plastic surgery
- thoracic surgery
- vascular surgery
- neuro-psychiatry
- paediatric surgery
- gastro-enterological surgery
- maxillo-facial surgery (basic medical training)

## Group II (four years)

- cardiology
- gastro-enterology
- rheumatology
- clinical biology
- radiology
- diagnostic radiology
- oncology
- tropical medicine
- pharmacology
- child psychiatry
- medical microbiology
- occupational medicine
- biological chemistry
- immunology
- dermatology
- venereology
- geriatrics
- renal diseases
- communicable diseases
- community medicine
- biological haematology
- nuclear medicine
- oral and maxillo-facial surgery (basic medical or odontological training)

## Group III (three years)

- general haematology
- endocrinology
- physiotherapy
- stomatology
- dermato-venereology
- allergology

**Appendix 6**

Useful addresses:

Workers Educational Association:  
Arbeidernes opplysningsforbund (AOF) i Norge, Storgt.  
23C, 0181 OSLO  
Tel: 22 03 10 50

Department for Norwegian as a Second Language and  
Training of Interpreters:  
Avdeling for norsk som andrespråk og tolkeutdanning, ILF,  
Universitetet i Oslo, Postboks 1102, Blindern, 0317 OSLO  
Tel: 22 85 42 98/99

International Summer School, University of Oslo:  
Den internasjonale sommerskolen, Universitetet i Oslo,  
Postboks 1082 Blindern, 0317 OSLO  
Tel: 22 85 63 85

The Norwegian Medical Association:  
Den norske lægeforening, Pb. 1152,- Sentrum, 0107 OSLO

Faculty of Medicine, University of Oslo:  
Det medisinske fakultet, Universitetet i Oslo,  
Postboks 1078, Blindern, 0316 OSLO  
Tel: 22 85 05 00

Faculty of Medicine, University of Bergen:  
Det medisinske fakultet, Universitetet i Bergen,  
5020 BERGEN  
Tel: 55 21 30 50  
(Inquiries to the secretariat)

Det Medisinske Fakultet, Universitetet i Bergen,  
5020 BERGEN  
Tel: 55 21 20 86  
(Inquiries about the supplementary course)

Faculty of Medicine, University of Trondheim:  
Det medisinske fakultet, Medisinsk teknisk senter,  
Universitetet i Trondheim, 7005 TRONDHEIM  
Tel: 73 59 88 59

School of Medicine, University of Tromsø:  
Fagområdet medisin, Universitetet i Tromsø, MH-bygget,  
9037 TROMSØ  
Tel: 77 64 46 10/01

Oslo Extramural Board (Institute of Adult Education):  
Folkeuniversitetet/Norsk språktest,  
Postboks 9196 Grønland,  
0134 OSLO  
Tel: 22 20 70 50

The Chief County Medical Officer in Oslo:  
Fylkeslegen i Oslo,  
Tordenskiolds gt 12, 0160 OSLO  
Tel: 22 71 05 10

Department of International Relations, University of Oslo:  
Internasjonal avdeling, Universitetet i Oslo,  
Postboks 1081, Blindern,  
0317 OSLO  
Tel: 22 85 88 50

Norwegian Ministry of Education, Research and Church Affairs:  
Kirke- utdannings- og forskningsdepartementet,  
Postboks 8119 Dep.,  
0032 OSLO  
Tel: 22 34 90 90

Office for Foreign Students, University of Bergen:  
Kontoret for utenlandske studenter,  
Universitetet i Bergen,  
5020 BERGEN  
Tel: 55 21 20 21/22

University of Bergen, Department of Scandinavian Studies, Section  
for Norwegian as a Second Language:  
Universitetet i Bergen, Nordisk institutt,  
Avdeling for norsk som andrespråk (ANA),  
Sydnesplass 9,  
5007 BERGEN  
Tel: 55 21 24 10

Secretariat for Foreign Medical Practitioners,  
University of Oslo:  
Sekretariatet for utenlandsmedisinere, Det medisinske fakultet,  
Universitetet i Oslo,  
Postboks 1078, Blindern,  
0316 OSLO  
Tel: 22 85 05 04

Summer course for foreign students of Norwegian,  
University of Bergen:  
Sommerkurs for utenlandske norskstuderende,  
Universitetet i Bergen,  
Sydnes plass 9,  
5007 BERGEN.  
Tlf. 55 21 24 07

Norwegian Ministry of Health and Social Affairs:  
Sosial- og helsedepartementet,  
Postboks 8011,- Dep.,  
0030 OSLO.  
Tlf.: 22 24 90 90

Norwegian Board of Health:  
Statens helsetilsyn,  
Postboks 8128,- Dep.,  
0032 OSLO.  
Tlf.: 22 24 88 88

State Educational Loan Fund:  
Statens lånekasse for utdanning,  
Postboks 195, - Økern,  
0510 OSLO.  
Tlf.: 22 72 67 00

Norwegian Directorate of Immigration:  
Utlendingsdirektoratet,  
Postboks 8108,- Dep.,  
0032 OSLO  
Tlf.: 67 53 08 90

Board for temporary Licensing and Supplementary training of  
Foreign Medical Practitioners:  
Utvalget for lisenssaker og utenlandsmedisinere,  
Det medisinske fakultet,  
Universitetet i Oslo,  
Postboks 1078,- Blindern,  
0316 OSLO.  
Tlf.: 22 85 05 04