

<input type="checkbox"/>	Application for approval as seafarer's doctor, <i>attachment No. 1-4</i>
<input type="checkbox"/>	Application for renewal of approval as seafarer's doctor, <i>attachment No. 2-3</i>

Forward application and attachments to the [Norwegian Embassy or Consulate](#) in relevant country

First and last name: *		Date of birth:
Private cell phone number (including country code):		D-number (if relevant):
Email:		Practice telephone number: *
Name of practice: *		
Practice address: *		
Postal code: *	Place: *	Country: *
Practice website: *		

\* Information will be published on the Norwegian Maritime Authority's website should approval be granted.

I hereby confirm that I am familiar with the *Regulations of 5 June 2014 No. 805 on medical examination of employees on Norwegian ships and mobile offshore units* and the *Public Administration Act*.

I fulfil the requirements stated in section 7 of the Regulations. I understand that the approval is only valid for a named doctor, not an office, for a limited period, and that the approval may be withdrawn if terms for approval as seafarer's doctor are no longer present. Furthermore, I understand that I act on behalf of the Norwegian Maritime Authority, and that I need to respond to their inquiries.

I accept that the Norwegian Maritime Authority may audit my practice as a seafarer's doctor.

Date:

Signature:

Please enclose with the application:

- 1) Confirmation of authorization in accordance with national requirements
- 2) Confirmation of completed course in maritime medicine approved by the Norwegian Maritime Authority
- 3) Self-declaration of quality system (KS-0418E)
- 4) Confirmation of normal colour vision or that you have made arrangements so that the employee's colour vision can be properly examined