Application for professional recognition

Assessment of Equivalence under the Hamburg Professional Qualifications Assessment Act (HmbBQFG)

Version: March 2026

Important information

- Information on recognition can be found on our website. Please also read the FAQ.
- Would you like to receive a consultation? Please use the service section of "Recognition in Germany".
- An apostille, legalization, and certified copies are not required for the application.
- Please fill out the form digitally if possible and make sure you have signed it.
- Send the completed application by email or online via „Anerkennung in Deutschland".

To fill out the form on a mobile device, you must first download and save it.

- Submit well-readable, labeled, and organized PDF scans in color. Combine related documents into a single PDF file (e.g., diploma documents). Do not send separate pages.
- Please also submit a German translation of your documents. The translation must be certified by a sworn translator. Documents issued in English do not need to be translated.

1. Application form
2. Proof of your residence in Hamburg (e.g., registration confirmation or proof of residence)
3. Current and complete CV
4. Proof of identity (e.g., ID card or passport)
5. Name change or marriage certificate (only if your name has changed)
6. High school diploma (not required for academic degrees)
7. Proof of your professional qualifications (e.g., diploma, vocational training certificate, or degree)
8. Documentation regarding the content and duration of your professional qualifications (e.g., course lists, transcript, Diploma Supplement)
9. Proof of your work experience (e.g., employment references or employment record book)

Are you currently living abroad? Please submit your application in the federal state where you live or work (or will be working). The application may only be submitted in one federal state. We are only responsible for your case if you live or work (or will be working) in Hamburg. Please send us the relevant proof, such as at least two responses from employers regarding your job applications in Hamburg or a Hamburg employment contract. Alternatively, we also accept the location assessment from the Central Service Office for Professional Recognition (ZSBA).

I intend to work in Hamburg. ☐ Yes ☐ No

In addition, please provide a brief personal statement explaining why and when you will be moving to Hamburg:

Explanation:
I have submitted an application for recognition to another institution

☐ Yes, at this institution: Please send us the decision.

☐ No

I have applied for professional recognition in this field only in the Federal State of Hamburg. ☐ Yes ☐ No

☐ I confirm that the information I have provided is accurate and complete.

☐ I agree to the privacy policy.

Place, Date

Signature

Professional Recognition
+49 40 42863 -4618, -4948 oder -2536
hibb-berufsanerkennung@hibb.hamburg.de

Website

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Details of the Reference Profession*

* This is the German occupation with which your foreign professional qualification will be compared:

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☐ I am submitting this application for myself.

☐ I am submitting this application for another person.

Information about the applicant

Last Name

First Name

Birth Name

☐ Male ☐ Female ☐ Other

Date of Birth

Birth Place

Country of Birth

Citizenship

Contact Details

Telephone Number

E-Mail

Address (Street, House Number, ZIP Code, City, Country)

Information about the authorized representative (Please attach a signed authorization letter.)

Last Name

First Name

Telephone Number

E-Mail

Address (Street, House Number, ZIP Code, City, Country)

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Foreign Professional Qualification Details

Country of Education/Study

Name of the Educational Institution

Name of the profession in the native language (Please enter using Latin letters

German translation of the profession title

Start of Training/Studies

End of Training/Studies

Practical Experience During Training/Studies — Years and/or Months

Required Duration of Training / Regular Duration of Study — Years and/or Months

Information on School Graduation

Total School Years

Name of the School-Leaving Certificate

Completion Date

Information on other qualifications (e.g., additional training, academic studies, professional experience)

Please enter only information relevant to the recognition process. Please include any additional information in your cover letter

1. Type of Qualification

From ... to ... (DD.MM.YYYY)

2. Type of Qualification

From ... to ... (DD.MM.YYYY)

Name and Country of the Institution

3. Type of Qualification

From ... to ... (DD.MM.YYYY)

Name and Country of the Institution

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