



POWER OF ATTORNEY

Application for Danish authorisation for citizens from non-EU countries

<u>Name of applicant</u>	<u>Case number at DPSA</u>
<u>Address of applicant</u>	
<u>Email of applicant</u>	
<u>Phone number of applicant</u>	
<u>Personal ID or CPR no. if applicable</u>	

I hereby give power of attorney to:

<u>Name of holder of power of attorney</u>	
<u>Address of holder of power of attorney</u>	
<u>E- mail of holder of power of attorney</u>	<u>Phone number of power of attorney</u>
<u>CPR/CVR no. if applicable</u>	

to represent and look after my interests in connection with my application for Danish authorisation at the Danish Patient Safety Authority.

As long as the power of attorney is valid, all letters from the Danish Patient Safety Authority will be sent to the person you give power of attorney to. When we have assessed your application whether your education is adequate for testing or when we have finished processing your application, we will send the decision to your agent and with a copy to you.

You can withdraw your power of attorney at any time by notifying the Danish Patient Safety Authority.

<u>Place and date</u>	<u>Signature of applicant</u>
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You must send the power of attorney with an original signature to the Danish Patient Safety Authority either by post to Islands Brygge 67, 2300 København S or a scanned version by mail to aacs@stps.dk.