



## 9905006300000, 9905006300000

## Notification of self-employment in a health care profession

Heruntergeladen am 09.06.2025 https://fimportal.de/xzufi-services/102120324/L100041

Modul	Sachverhalt
Leistungsschlüssel	99050063000000, 99050063000000
Leistungsbezeichnung I	Notification of self-employment in a health care profession
Leistungsbezeichnung II	
Typisierung	2/3 - Bund: Regelung (2 oder 3), Land/Kommune: Vollzug
Quellredaktion	Brandenburg
Freigabestatus Katalog	unbestimmter Freigabestatus
Freigabestatus Bibliothek	unbestimmter Freigabestatus
Begriffe im Kontext	
Leistungstyp	Leistungsobjekt
Leistungsgruppierung	Gewerbe (050)
Verrichtungskennung	
SDG-Informationsbereich	Erlangung von Lizenzen, Genehmigungen oder Zulassungen im Hinblick auf die Gründung und Führung eines Unternehmens





Modul	Sachverhalt
Lagen Portalverbund	Anmeldepflichten (2010100)
Einheitlicher Ansprechpartner	Nein
Fachlich freigegeben am	08.01.2020
Fachlich freigegen durch	Ministry of Social Affairs, Health, Integration and Consumer Protection
Handlungsgrundlage	§ 1a Health Care Professions Act (GeBerG)
Teaser	If you are self-employed in a health care profession, report this immediately to your local health authority.
Volltext	If you are self-employed in a health care profession, employ members of the health care professions or offer or provide nursing and geriatric care activities for remuneration, you must notify the competent health authority immediately, unless such an obligation exists under other legal provisions vis-à-vis other bodies. Sentence 1 does not apply to nursing and geriatric care activities performed as follows:
	1\. under public law,
	2\. institutions within the meaning of § 3 of the Twelfth Book of the Social Code,
	3\. in hospitals, preventive care and rehabilitation facilities in accordance with § 107 of the Fifth Book of the Social Code,
	4\. in institutions pursuant to § 3 (2) or in institutions to which the Residential Care Act applies, or
	5\. in the context of an employment relationship with or for the benefit of the persons cared for or as a courtesy or for reasons of family, family or neighbourly help.
	Health professions usually include:
	<ul> <li>Doctor or health care professional</li> <li>Dentist</li> <li>Psychological psychotherapist</li> </ul>





Modul	Sachverhalt
	<ul> <li>Child and adolescent psychotherapist</li> <li>Pharmacist</li> <li>Naturopath</li> <li>Geriatric nurse</li> <li>Dietician</li> <li>Occupational therapist</li> <li>Midwife or maternity nurse</li> <li>Nurse and paediatric nurse</li> <li>Nurse</li> <li>Speech therapist</li> <li>Masseur and medical pool attendant or masseuse</li> <li>and medical pool attendant</li> <li>Orthoptist oder Orthoptistin</li> <li>Physiotherapist</li> <li>Podiatrist or podiatrist</li> <li>Paramedic or paramedic</li> <li>Medical-Technical Laboratory Assistant</li> <li>Medical-Technical Assistant for Functional</li> <li>Diagnostics</li> <li>Veterinary Technical Assistant or</li> <li>as a self-employed disinfector</li> </ul>
	**Note:** You must also report subsequent changes or the cessation of your practice or activity.
Erforderliche Unterlagen	Certified copy of the professional certificate
Voraussetzungen	Proof of entitlement to practise the profession (professional certificate)
Kosten	depending on the respective fee schedules of the cities and districts
Verfahrensablauf	If you are self-employed in a health care profession, please indicate this in writing: • Create the ad. • Add the necessary documentation.
	• Submit the notification as well as the certified copy of the professional certificate to the health authority responsible for you in person or in writing.

## Bearbeitungsdauer





Modul	Sachverhalt
Frist	Notification period: immediately before the start of the activity
weiterführende Informationen	Please contact your local health authority.
Hinweise	
Rechtsbehelf	
Kurztext	<ul> <li>Notification of self-employment in a health care profession <ul> <li>for persons who:</li> <li>self-employed in a health care profession,</li> <li>employ health professionals, or</li> <li>offer or provide nursing and geriatric care services for a fee <ul> <li>Condition:</li> <li>such an obligation does not exist under other</li> </ul> </li> <li>legislation vis-à-vis other bodies or <ul> <li>other derogations do not apply</li> <li>Display required</li> <li>Responsible: Health authorities of the districts and independent cities in the state of Brandenburg</li> </ul> </li> </ul></li></ul>
Ansprechpunkt	
Zuständige Stelle	The health departments of the districts and independent cities in the state of Brandenburg
Formulare	Please contact your local health authority. Online procedure possible: no Written form required: yes Personal appearance required: no
Ursprungsportal	Anzeige einer selbstständigen Tätigkeit in einem Heilberuf, Notification of self-employment in a health care profession