



for licensing / protected occupational title

Occupational title

Family name (also previous family names)	
Given names	
Identity number	<input type="text"/>
Citizenship	
Mother tongue	
Local address	
Postal code	Post office
Domicile	Telephone
E-mail address	
Degree completed	Date of graduation
Educational institution	
Date and place	

Signature

Signature	Print name
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APPENDICES TO APPLICATION

See http://www.valvira.fi/en/licensing/professional_practice_rights

NB: An incomplete application and/or incomplete appendices will delay the handling of the application.

The application is sent to:
the National Supervisory Authority for Welfare and Health
PO Box 210
00531 Helsinki

Decision (even negative) is chargeable.
Canceling of an application costs half of the decisions price.