

**Valvira**National Supervisory Authority
for Welfare and Health

PROFESSIONAL PRACTICE RIGHTS

Application

for licensing / protected occupational title

Occupational title

Family name (also previous family names)	
Given names	
Identity number	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
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 APPLICATIONSee 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.

Valvira
the National Supervisory
Authority for Welfare
and Health

PO Box 210, 00531 Helsinki

Säästöpankinranta 2 A, 00530 Helsinki
Lintulahdenkatu 10, 00500 Helsinki

Phone: (09) 772 920
Fax: (09) 7729 2138

kirjaamo@valvira.fi
www.valvira.fi

PO Box 686, 33101 Tampere

Uimalankatu 1, 33540 Tampere

Phone: (03) 260 8200
Fax: (03) 260 8222

alkoholi@valvira.fi
www.valvira.fi