



\_\_\_\_\_ 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](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.**