



Valvira

National Supervisory Authority
for Welfare and Health

To be filled by the authority:

Date of arrival _____

Docket _____

APPLICATION For the approval of a degree in dentistry completed in a non-EU/EEA country

Applicant

Last name (including any previous names) _____

First name(s) _____

Personal identity code / Date of birth _____

I agree to inform Valvira of my Finnish personal identity code as soon as one has been issued to me

Nationality _____

Native language _____

Home address _____

Postcode _____ Town/City _____

Country _____

Telephone _____ E-mail address _____

Educational institute

Degree/qualification obtained _____

Name _____ Date of graduation _____

Postal address _____

Postal code _____ City and Country _____

E-mail address _____

I consent to Valvira requesting supplementary information from me and sending documents to me by e-mail

I consent to Valvira to verify my qualification in the country of issue

I want the decision (select only one)

in Finnish

in Swedish

Date and location _____



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Annex

Information regarding appendices can be found on [Valvira's websites](#). Please note that incomplete applications and missing documentary evidence will delay the application process.

Valvira will not return your documents.

Processing

Submitting false or misleading information is an offence and can lead to prosecution under the Finnish criminal code (39/1889). Valvira can verify qualification in the country of issue and contact other authorities regarding the application, if necessary.

Processing of the application is subject to a fee.

Transmission

Please send the filled form, including appendices, to the following address: National Supervisory Authority for Welfare and Health Valvira, P.O.Box 43, FI-00521 Helsinki.