

## Application: Health care professional

Occupational title to be legalised / registered

\_\_\_\_\_

☐ I submit this form to apply for the right to use the protected occupational title of practical nurse and to be registered in the central registers of social welfare and health care professionals.

Surname (including former surnames) \_\_\_\_\_

First names \_\_\_\_\_

Personal identity code / date of birth \_\_\_\_\_

☐ I undertake to notify Valvira of my Finnish personal identity code as soon as I receive it.

Citizenship \_\_\_\_\_

Native language \_\_\_\_\_

Street address \_\_\_\_\_

Post code \_\_\_\_\_ Town or city \_\_\_\_\_

Domicile or country of residence \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

☐ I agree that requests for further information, any consultation letter and other documents may be sent to me by e-mail.

Completed degree / education \_\_\_\_\_

Educational institution \_\_\_\_\_ Graduation date \_\_\_\_\_



**Valvira**

Sosiaali- ja terveystieteiden  
lupa- ja valvontavirasto

*To be filled in by the authority:*

Received \_\_\_\_\_

Register number \_\_\_\_\_

☐ I do not have a Language Proficiency Certificate. I am applying for the recognition of a professional qualification that **does not entitle me to work as a health care professional in Finland**. This recognition can only be granted if you have trained in another EU/EEA country.

I want to receive the decision (*which will only be issued in one language*)

☐ In Finnish

☐ in Swedish

Date and place

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*To be filled in by the authority:*

*Received* \_\_\_\_\_

*Register number* \_\_\_\_\_

## Attachments

Information on the required supporting documents can be found [on the Valvira website](#).

## Processing

An incomplete application and/or incomplete attachments to the application will delay the processing of the application. Valvira will not return your application documents.

Providing false information to an authority may lead to a penalty under the Criminal Code. Valvira may verify your education details in the country of your training and contact other authorities in order to investigate your application.

A fee will be charged for processing the case.

## Sending

Send the form and attachments by post to Valvira, PO Box 43, FI-00521 Helsinki.

Alternatively, you may send the completed form and its attachments as an email attachment to [kirjaamo@valvira.fi](mailto:kirjaamo@valvira.fi). Because e-mail is not recommended for sending confidential information, you may use a [secure message](#).

### [Further information on submitting materials to Valvira by e-mail](#)

It is separately specified in the [application instructions](#) if the attachment must be sent by post.