

To be filled by the authority:	
Date of arrival	
Docket	

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

Applicant	
Last name (includin	g any previous names)
First name(s)	<u> </u>
Personal identity cod	de / Date of birth
☐ I agree to inform to me	Valvira of my Finnish personal identity code as soon as one has been issued
Nationality	
Native language	
Home address	
Postcode	Town/City
Country	
Telephone	E-mail address
Educational instit	ute
Degree/qualification	obtained
Name	Date of graduation
Postal address	
Postal code	City and Country
E-mail address	
☐ I consent to Valvime by e-mail	ira requesting supplementary information from me and sending documents to
☐ I consent to Valvi	ira 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.

Telephone: 0295 209 111

Fax: 0295 209 700