



Valvira

Sosiaali- ja terveystieteen
lupa- ja valvontavirasto

To be filled in by the authority:

Received _____

Register number _____

Notification of temporary and occasional providing of services

Occupational title _____

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 _____

Date and place _____

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

☐ In Finnish

☐ in Swedish



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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.

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. Because e-mail is not recommended for sending confidential information, you may use a [secure message](#).