



\_\_\_\_\_ 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 [www.teo.fi/EN/Licence\\_to\\_practice/Sivut/etusivu.aspx](http://www.teo.fi/EN/Licence_to_practice/Sivut/etusivu.aspx)

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.**  
Canceling of an application costs half of the decisions price.