

Application: Social welfare professional

Applicant

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 the Finnish Supervisory Agency 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.

Educational institution

Completed degree / education _____

Educational institution _____ Graduation date _____

I request that the following supplementary training in social welfare that I have completed be entered in the register (*note that a supplementary training entry can only be applied for if you have completed a Finnish degree*):

- Master's degree at a university of applied sciences
- Licentiate's degree at a university of applied sciences
- Specialist training for higher education graduates

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

- In Finnish
- in Swedish

Date and place

Attachments

Information on the required supporting documents can be found [on the Finnish Supervisory Agency's website](#).

Processing

An incomplete application and/or incomplete attachments to the application will delay the processing of the application. The Finnish Supervisory Agency will not return your application documents.

Providing false information to an authority may lead to a penalty under the Criminal Code. The Finnish Supervisory Agency 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
Finnish Supervisory Agency, P.O. Box 20, FI-13035 LVV.

Alternatively, you may send the completed form and its attachments as an email attachment to kirjaamo@lvv.fi. Because e-mail is not recommended for sending confidential information, you may use a [secure message](#). It is separately specified in the [application instructions](#) if the attachment must be sent by post.