Finnish Supervisory Agency

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

Applicant

Last name *(including any previous names)*_____

First name(s)_____

Personal identity code / Date of birth _____

☐ I agree to inform the Finnish Supervisory Agency of my Finnish personal identity code as soon as one has been issued to me

Nationality _____

Native language _____

Home address _____

Postcode _____Town/City _____

Country _____

Telephone _____E-mail address _____

Educational institute

Degree/qualification obtained _____

Name _____Date of graduation _____

Postal address _____

Postal code_____City and Country _____

E-mail address _____

☐ I consent to the Finnish Supervisory Agency requesting supplementary information from me and sending documents to me by e-mail

☐ I consent to the Finnish Supervisory Agency to verify my qualification in the country of issue

I want the decision *(select only one)*

☐ in Finnish ☐ in Swedish

Date and location _____

Finnish Supervisory Agency

Annex

Information regarding appendices can be found on the Finnish Supervisory Agency's website.

Please note that incomplete applications and missing documentary evidence will delay the application process. The Finnish Supervisory Agency 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). The Finnish Supervisory Agency 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:
Finnish Supervisory Agency, P.O. Box 20, FI-13035 LVV