

## Request for validation of registration (license to practice)

Instructions to licensing authority: Please complete the form and kindly send it **directly in a sealed envelope** to the Danish Health and Medicines Authority, Axel Heides Gade 1, 2300 Copenhagen S, Denmark.

<b>Name of applicant:</b>				
<b>Date of birth:</b>				
<b>Profession:</b>				
<b>Status of registration: (x)</b>	<b>Active/current<sup>1</sup></b>	<b>Expired<sup>2</sup></b>	<b>Restricted<sup>3</sup></b>	<b>Not registered</b>
<i>1) The applicant has not been found guilty of any misconduct or lack of fitness to practice, and no cautions or conditions have been applied to his/her registration.</i>				
<i>2) The license expired on the (date):</i>				
<i>3) Kindly attach explanation if registration has ever been revoked, suspended, limited or restricted in any way.</i>				
<b>Date of registration:</b>				
<b>Registration expires on:</b>				
<b>Name of licensing authority:</b>				
<b>Address:</b>			<b>Stamp and/or seal</b>	
<b>Email:</b>				
<b>Phone:</b>				
<b>Date:</b>				
<b>Print name:</b>				
<b>Signature:</b>				