

## Request for confirmation of degree

Instructions to educational institution: 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>Degree:</b>		
<b>Date of admission:</b>		
<b>Date of graduation:</b>		
<b>Is this school accredited or government approved? (x)</b>	<b>Yes:</b>	<b>No:</b>
<b>By whom?</b>		
<b>Is this educational program accredited or government approved? (x)</b>	<b>Yes:</b>	<b>No:</b>
<b>By whom?</b>		
<b>Name of educational institution:</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>		