**FINNISH NATIONAL AGENCY FOR EDUCATION**

**APPLICATION FOR A FINAL DECISION ON THE RECOGNITION OF PROFESSIONAL QUALIFICATIONS  
OR ON THE RECOGNITION OF HIGHER EDUCATION STUDIES COMPLETED ABROAD FOR EARLY CHILDHOOD EDUCATION AND CARE PROFESSIONALS**

Fill in this form if you have received a conditional decision issued by the Finnish National Agency for Education on your eligibility for a profession in early childhood education and care, and you have completed the compensation measure required in the decision.

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| --- | --- | --- | --- |
| **Personal and contact details** | Family name (also previous ones) | | |
| First names | | |
| Address | | |
| Postcode | City | |
| Phone number | E-mail | |
| **Conditional decision** | Decision number | | Date of decision |

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| --- | --- | --- |
| **Completed adaptation period, aptitude test or additional studies** |  | Adaptation period |
|  |
| The employer fills in this part of the application once the adaptation period is completed:  The position in which the adaptation period was completed  teacher (early childhood education and care) / varhaiskasvatuksen opettaja  teacher providing pre-primary education / esiopetusta antava opettaja  social pedagogue (early childhood education and care) / varhaiskasvatuksen sosionomi  childcarer (early childhood education and care) / varhaiskasvatuksen lastenhoitaja  special education teacher (early childhood education and care) / varhaiskasvatuksen erityisopettaja  head of early education centre / päiväkodin johtaja  kindergarten teacher / lastentarhanopettaja (The Finnish National Agency for Education has issued the decision at latest on 31.8.2018)  practical nurse in children's day care services / lähihoitaja lasten päivähoidossa (The Finnish National Agency for Education has issued the decision at latest on 31.8.2018)  special kindergarten teacher / erityislastentarhanopettaja (The Finnish National Agency for Education has issued the decision at latest on 31.8.2018) | |
| The start and end date of the period during which the adaptation period was completed. If the adaptation period has been completed in various periods, provide information on every period. | |
| The average number of weekly working hours in the position in which the adaptation period was completed. | |
| Supervisor of the adaptation period and the supervisor's qualification. Fill in if the qualification requirements for the supervisor are specified in the conditional decision issued by the Finnish National Agency for Education. | |
| Name and contact details for the employer(s) (address, phone number and e-mail). | |
| Date Employer´s signature and name in print | |
|  | |
|  | Aptitude test |
| Organiser of the aptitude test: | |
| Date(s) of issue of the certificate(s) awarded for completion of the aptitude test | |
| Supplementing studies required in the decision  Organiser(s) of the supplementing studies: | |
| Date(s) of the certificate(s) awarded for the completion of the supplementing studies | |
| **Signature** | I am applying for a final decision from the Finnish National Agency for Education on the recognition of my professional qualifications or on the recognition of higher education studies completed abroad.  Date Applicant’s signature and name in print | |
| **Appendices** |  | |
|  | A copy of the certificate(s) issued for completion of the adaptation period.  The certificate must indicate that the adaptation period has been completed as required in the conditional decision.  A copy of the certificate(s) issued for completion of the aptitude test |
|  | |
|  | A copy of the certificate(s) issued for completion of the additional studies. |

The fee charged for the final decision is EUR 55.

**Send the completed form and appendices to**

THE FINNISH NATIONAL AGENCY FOR EDUCATION / Registry Office

P.O. Box 380

00531 HELSINKI  
  
**Further information:** www.oph.fi/recognition, tel. +358 (0)29 533 1000

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