**Request for confirmation of degree(Denmark Form)**

Instructions to educational institution: Please complete the form and kindly send it **directly in a sealed envelope** to the Danish Patient Safety Authority, Islands Brygge 67, 2300 Copenhagen S, Denmark.

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| Name of applicant:  |
| Date of birth:  |
| Degree:  |
| Date of admission:  |
| Date of graduation:  |
| Is this school accredited or government approved? (x) | Yes:X | No: |
| By whom? |
| Is this educational program accredited or government approved? (x) | Yes: X  | No: |
| By whom? Ministry of Health and Medical Education, Islamic Republic of Iran |
| Name of educational institution: Ahvaz Jundishapur University of Medical Sciences |
| Address: Golestan Blvd, Main Building, P.O.Box: 45 Ahvaz ,Iran | Stamp and/or seal:  |
| Email: eduaum@ajums.ac.ir |
| Phone: +98 61 3311 4135 |
| Date:  |
| Print name: Vice Chancellor for Educational Affairs |
| Signature: |

