**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.

|  |  |  |  |
| --- | --- | --- | --- |
| 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: | | | |

