UNIVERSITY OF HELSINKI, Faculty of Medicine

**APPLICATION FOR A DOCENTSHIP**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name | | First names | |
| Field of the docentship applied for (in English, Finnish and Swedish):  As a docent I can give instruction in: | | | |
| Present post | | Address of present place of employment | |
| Home address | | | |
| Postal code | City | | Country |
| Citizenship | | | |

|  |  |
| --- | --- |
| Tel. no.  Mobile phone | E-mail address |

|  |  |  |
| --- | --- | --- |
| Doctoral degree  completed in year | Degree of Specialist in Medicine / Specialist in Dentistry  completed in year \_\_\_\_ field: | |
| Senior service after the Specialist’s Degree  Number of months: | | |
| Published articles included in the doctoral dissertation  Number of articles: | | |
| Other original publications in series using a peer review system  Number of publications: | | |
| Date | | Signature |

**Enclosures (as a single PDF file):**

**2. Curriculum vitae and degree certificates (copy of passport)  
3. List of publications  
4. List of the selected 20 publications  
5. Informal report on the scientific research field and personal contribution to research work**

**6. Report on postgraduate research education**

**7. Report on teaching qualifications**

**8. Demonstration of teaching skills**

**9. Report on clinical service**

**10. Proposal by a relevant professor for the scientific field and assessors**