

First registration

Please carefully complete this registration form and submit it to EBAC.
Using your EBAC ID and password you can submit application for accreditation.

Guidelines :

- First fill in **Part One** below which contains mandatory questions about your organization.
 - Then, go to **Part Two**, select the type of programmes you intend to submit for accreditation and fill in the corresponding parts.
 - Once you are done, click on **Submit** in the Options menu on the left.
- Note : you can as well use the green navigation bar on top of this page to move quickly within this form.*

Important advice

It may take some time to complete this form. Note that you can save it at any time and log in back later to complete and submit.

You may also download and print an empty form, complete it off-line, and come back to fill it in on-line.
See the left menu for download and save options.

*Please note that all fields marked with an " * " are mandatory and should be completed.*

Part One**General information**

User ID : **USERID**
Created on : **17/03/2005**
Status : **Registration form not completed, cannot submit application forms**

Society / Institution

* Name of your Society / Institution :

* Address :

* City :

* Code :

Province / State :

* Country :

* Telephone :

* Fax :

Web site :

* E-mail :

Please indicate the scientific/ academic institution responsible for the scientific content of your programme

Description of your Society / Institution

- * Who are you :
- Scientific/Medical Organization/Association/Society**
 - University/Teaching Hospital**
 - Hospital**
 - Governmental Organization**
 - Conference Organizer**
 - Other (please specify) :**

* Briefly describe your organization, its structure (Committees, Task Forces, etc.) with statutes and rules of procedures (if applicable) and other relevant details :

* Does your Organization/Society organize international educational events ? : Yes No

Invoice address

Invoice Society / Institution

* Name of Society / Institution : _____

* Address : _____

* City : _____

* Code : _____


Province / State : _____

* Country : <Select from the list...> 

* Telephone : _____

* Fax : _____

* VAT number : _____

 **Help :**
All same as above ?
[Click here.](#)

Person(s) responsible(s) for contact with EBAC

First person :

* Title : Mr Ms

* First name : _____

* Last name : _____

* Job title : _____

* Address : _____

* City : _____

* Code : _____

Province / State : _____


* Country : <Select from the list...> 

* Telephone : _____

* Fax : _____

* E-mail 1 : _____

E-mail 2 : _____

 **Help :**
Address same as organization ?
[Click here.](#)


IMPORTANT :
This e-mail will be used everytime we contact
your society.

Second person (optional) :

Title : Mr Ms

First name : _____
 Last name : _____
 Job title : _____
 Address : _____

 City : _____
 Code : _____
 Province / State : _____
 Country : <Select from the list...> 
 Telephone : _____
 Fax : _____
 E-mail 1 : _____
 E-mail 2 : _____

 **Help :**
 Address same as above ?
[Click here.](#)

Commercial Support Policy

- * Do you regularly use commercial support for your educational programmes ? Yes No
 * If yes, please indicate what kind of support it is (educational grant, advertising, etc.)

Declaration

"Hereby it is declared that _____ Scientific Academic Ins has the necessary skills and resources to put on an educational programme".

I agree I don't agree

Disclaimer

It is within the responsibility of the CME Provider to request prior authorisation from all persons whose personal data (name, address, ..etc) will be indicated to EBAC when completing the forms necessary for EBAC accreditation.
 EBAC commits to treat all personal data as confidential according to the French Law on Data Processing and Civil Liberties 78-17 of January 6, 1978 and keep it for the use of EBAC staff and EBAC evaluators only.
 You have the right to access, amend and oppose any use of this personal data by contacting EBAC at the below mentioned address or by e-mail to: contact@ebac-cme.org.
 Unless otherwise informed, EBAC may send you information about its activities from time to time. Should you not wish to receive any information from EBAC, please inform us by e-mail at contact@ebac-cme.org.
 EBAC, The European HeartHouse - Route des Colles - Les Templiers - BP 179 - 06903 Sophia Antipolis Cedex - France

- I agree with EBAC Confidentiality Clause
 I disagree with the EBAC Confidentiality Clause

Part Two - Programmes

Please select the type of programmes that you want to submit for accreditation, fill the appropriate section below and click on **Submit** in the Options menu on the left:

- Events
 CD-Rom [Go to the Events section](#)
 Web based [Go to the CD-Roms section](#)
[Go to the Web content section](#)

contents[Go to the Articles section](#) **Articles****Cardiology events you have organized (if applicable)** **Check this to be able to submit Events (ex: congress - workshop - lecture - etc.)*** Have you organized any CME events in cardiology already ? **Yes** **No** If not, please go [there](#).

Please enter data about the two most recent events in cardiology you have organized :

Event 1Title : City : Country :

Dates :

From To Number of Faculty Members : Number of participants :

Countries the participants came from :

<Select from the list...>

Albania

Algeria

American Samoa

Please add countries here...

Event 2 (optional) :Title : City : Country :

Dates :

From To Number of Faculty Members : Number of participants :

Countries the participants came from :

<Select from the list...>

Albania

Algeria

American Samoa

Please add countries here...

No event organized yet

In case you have not previously organized any cardiology meeting, please give a short description of your relevant experience in the field :

**Cardiology CD-Roms you have produced (if applicable)** **Check this to be able to submit CD-Roms for accreditation**

* Have you already produced medical educational **CD-Roms** ? **Yes** **No** If not, please go [there](#).
 If yes, which medical speciality did they concern ?

Please provide information about the two most recent **CD-Roms** you produced (if possible, describe the CD-Roms in the field of cardiology):

CD-Rom 1 :

Title : _____

Content (description) : _____

Multimedia technology used : _____

Languages : _____

Name and address of the company that produced the CD-Rom : _____

Website : _____

Number of copies produced : _____

Price of one copy : _____

CD-Rom 2 :

Title : _____

Content (description) : _____

Multimedia technology used : _____

Languages : _____

[Glossary](#) [Glossary](#)

Name and address of the company that produced the CD-Rom :

Website :

Number of copies produced :

Price of one copy :

No CD-Roms produced yet

In case you have not previously produced any medical educational CD-Roms, please give a short description of your experience in the field :



Cardiology web based contents you have produced (if applicable)

Check this to be able to submit Web based contents for accreditation

* Have you already produced medical educational **web based contents** ? Yes No If not, please go [there](#).

If yes, which medical speciality did they concern ?

Please provide information about the two most recent **web based contents** you produced (if possible, describe the modules in the field of cardiology):

Web module 1 :

Title :

Content (description) :

Multimedia technology used :

[Glossary](#)

Languages :

Name and address of the company that produced the module :

Website :

Web module 2 :

Title : _____

Content (description) : _____

Multimedia technology used : _____

 [Glossary](#)

Languages : _____

Name and address of the company that produced the module : _____

Website : _____

No web based contents produced yet

In case you have not previously produced any medical educational **web based contents**, please give a short description of your experience in the field :



Cardiology articles you have published (if applicable)

Check this to be able to submit Articles for accreditation (published in a scientific journal)

* Have you already published medical educational **CME articles** ? Yes No If not, please go [there](#).

If yes, which medical speciality did they concern ?

Please provide information about the two most recent **Article/text** you produced (if possible, describe the modules in the field of cardiology):

CME article 1 :

Title : _____

Content (description) : _____

Name of the Journal : _____

Languages : _____

Name and address of the company that published the article : _____

CME article 2 : _____

Title :

Content (description) :

Name of the Journal : _____

Languages : _____

Name and address of the company that published the article :

No CME articles published yet

In case you have not previously published any medical educational **CME articles**, please give a short description of your experience in the field :