**EBAC Provider Accreditation**

**- Application form -**

1. Name of institution:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Postal address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. E-mail address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Phone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Legal representative (incl. contact data):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please describe the

* legal structure of your institution

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* structure and composition of governance bodies (please add CVs as well as declaration of interests of all members of relevant governance bodies, i.e. Board, Education Committee etc.)

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1. We herewith declare that (name of your institution) is not a commercial interest (i.e. any entity producing, marketing, selling, re-selling, or distributing healthcare goods or services consumed by, or used on, a patient) or a subsidiary of a commercial interest, and that commercial interests have no role in governance bodies and decision- making, respectively.

Yes ☐ No ☐

1. We herewith declare that (name of your institution) will always act in compliance with the principles and rules as outlined in the EBAC document “Terms and Conditions for EBAC Accredited Providers”

Yes ☐ No ☐

1. Please describe your CME-CPD mission statement:

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1. Please describe the scope of your educational activities in the last 5 years (and what is going to change in the future, if applicable):

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Signature of legal representative Place/Date