EBAC®

- Application form –

Approval as an "Activity Provider" in the EBAC management system.

Information on the entity responsible for the planning, delivery and post-processing of the educational activity ("Activity Provider"):

1. Provider Information:

   1.1 Name of provider:

   _____

   1.2 Number/code of registration (institution or legal representative):

   _____

   1.3 Postal address:

   _____

   _____

   1.4 Website:

   _____

   1.5 Phone:

   _____

2. Governance:

   2.1 Who owns your organisation?

   _____

   2.2 Description of the legal structure.

   _____

   2.3 Structure and composition of your governance bodies.

   (Send via email this form, including an extra sheet with the structure and composition. Also attach the CVs as well as declaration of interests of all members of relevant governance bodies, i.e., Board, Education Committee etc.

3. Information about the **legal representative** of the provider:

   3.1 Name of legal representative:

   _____

3.2 Position of the legal representative:

_____

3.3 E-mail address:

_____

3.4 Phone:

_____

4. We herewith declare that _____(name of your entity)_____is not a commercial interest (according to the International Academy of CPD Accreditation (IACPDA) definition), and that commercial interests have no role in governance bodies and decision-making, respectively.

5. We herewith declare that _____ (name of your entity) _____will always act in compliance with the principles and rules as outlined in the EBAC policy documents (http://www.ebac-cme.org/library/)

6. Are you going to let your EBAC provider account be managed by another organization ("administrative contact")?

   Yes ☐ No ☐

   *If yes, please complete options 7, 8 and 9.

7. We herewith authorize _____ (name of the organisation/company) _____-_____to manage all application related issues in our name.

Information on the organization/company responsible for the planning, logistics, and management of the EBAC system for each activity.

8. Information about the organisation/company:

   8.1 Name:

   _____

   8.2 Number/code of registration:

   _____

8.3 Postal address:

_____

_____

8.4 Website:

_____

8.5 Phone:

_____

9. Information about the person in charge on behalf of the organisation/company:

9.1 Name:

_____

9.2 Position:

_____

9.3 Email:

_____

9.4 Phone:

_____

_____ _____

Signature of legal representative Place/Date

Name: _____ *Please add the seal of your institution.