



- Application form -

Approval as a “Provider in the EBAC® Activity Accreditation System”.

Information on the entity responsible for the planning, delivery and post-processing of the educational activity:

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:



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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:



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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.