The application shall be submitted on the letterhead of the CPD educational with outgoing number and date

**To Director General**

**Eurasian Centre for Accreditation and**

**Quality Assurance in Higher Education and Health Care**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICATION**

**For accreditation of the CPD organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**name**)**

Please accept the application and send a commercial proposal for **institutional accreditation**.

|  |  |  |
| --- | --- | --- |
| 1 | Name of the CPD organisation | BIN |
| 2 | Legal status | Address:  Phone:  e-mail:  Website: |
| 3 | Full name of the Head  of the CPD organization |  |
| 4 | Information about the state license for educational activities *\* if applicable*  Please provide a сopy of the license |  |
| 5 | Bank details | Individual Identification Code (IIC)  Bank Identification Code (BIC)  Bank details  Beneficiary Code – |
|  | Number of employees   * Total * Administration * Full-time teachers/trainers * Part-time teachers |  |
|  | Information about educational programmes   * Total number * Number of professional development programmes * Number of non-formal education programmes |  |
| 6 | Total contingent of trainees from the year the CPD organization started its activities and in the current year |  |
| 7 | Information on institutional/ specialized accreditation (date, certificate validity period) |  |
| 8 | Full name, position, corporate and mobile phone  number, e-mail of the Contact Person |  |
| 9 | Full name, corporate and mobile phone number, e-mail of the Accountant |  |

***Annex****: brief historical background of the CPD organization on 1 page*

Full name and signature of the

CPD organization Head

Please apply your stamp here