

APPLICATION FORM FOR EAACI QUALITY CENTRES

APPLICATION DATE:

CENTRE DATA:

Name of the institution:

Address:

City/Country:

Telephone:

Website (if exists):

TYPE OF APPLICATION:

Mark the desired. If the application is for "Certified clinic centre" or "Certified clinic and research centre" mark also the desired subarea.

EAACI CENTRE OF EXCELLENCE (ECE)	
EAACI ADVANCED RESEARCH CENTRE (E-ARC)	
EAACI CERTIFIED CLINICAL CENTRE (E-CCC)	
	Asthma
	Severe Asthma
	Drug Allergy
	Food Allergy
	Immunotherapy
	Rhinology
EAACI CERTIFIED CLINICAL AND RESEARCH CENTRE (E-CCRC)	
	Asthma
	Severe Asthma
	Drug Allergy
	Food Allergy
	Immunotherapy
	Rhinology

APPLICATION CONTACT PERSON DETAILS:**Name/Surname:****Position:****E-mail:****Telephone number:****Fax:**

By submitting this application; I declare that the information provided here is true, accurate and complete.

Signature**Data Confidentiality and Management Statement**

In accordance with the General Data Protection Regulation (GDPR) (EU) 2016/679, all personal data submitted within this application will be collected, processed, and stored securely. The data will only be used for the purposes of evaluating the application and any related administrative procedures.

Access to the provided information will be limited to authorized personnel and will not be shared with third parties without the submitter's explicit consent unless required by law. The submitter retains the right to access, correct, or request the deletion of their personal data in accordance with GDPR provisions.

EAACI is aware of the diversity in regulations across countries, which may lead to a limitation for covering some of the basic standards. So, if any of the standards are not covered due to local regulations or data protection policy, please first contact the Quality Committee to evaluate the eligibility of your application.

Contact information: info@eaaci.org