

APPLICATION FORM FOR EAACI QUALITY CENTERS

APPLICATION DATE:

CENTER 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 Center" or "Certified clinic and research center" mark also the desired subarea.

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