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 Center” mark also the desired subarea.

☐ **EAACI CENTER OF EXCELLENCE (CoE)**

☐ **EAACI RESEARCH CENTER OF EXCELLENCE (R-CoE)**

☐ **EAACI CERTIFIED CENTER (E-CC)**

- ☐ 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.