

**The application must be submitted on the educational institution's official letterhead
bearing a reference number and the date**

**To the Director General
of the Eurasian Centre for Accreditation and
Quality Assurance
in Higher Education and Healthcare**

**Application
for the initial accreditation of an educational programme in the specialty (code)
_____ at the educational institution _____ (name of
institution)**

We would be grateful if you could consider our application and send us a quotation for the provision of **initial specialised accreditation**:

1	Name of the educational institution	BIN
2	Legal status	Address: Telephone: Email address: Website:
3	Full name and position of the head of the educational institution	
4	Details of the state licence authorising the organisation to carry out educational activities, as set out in the annex to the licence (please provide a copy of the licence)	
5	Bank details	IIC BIC Bank details KBE –
6	Educational programmes offered by the educational institution for the purposes of initial accreditation	1. Educational programme, specifying the code and level (undergraduate, postgraduate, doctoral, residency): Number of students enrolled this academic year: _____ Did any students graduate this year: YES / NO 2. .. 3. etc.
7	Information regarding the registration of the educational programme in the Register of the Unified Higher Education Area of the Ministry of Science and Higher Education of the Republic of Kazakhstan	Link to the listing _____ Date of listing:
8	Whether the programme has its	Title:

	own clinical facility or agreements with clinical (industrial) training centres for the delivery of the educational programme submitted for accreditation	Address: Contract No. ____ dated _____ Accreditation details:
9	The teaching staff of the educational programme	Total number _____, including those holding the following academic qualifications: Candidate of Medical Sciences ____, Doctor of Medical Sciences ____, PhD _____, Master's degree _____, and medical qualification category _____. Teachers certified in the specialism of the accredited educational programme (for residency training) – _____.
10	Planned intake of students for the new academic year	
11	Availability of a simulation centre	Address: Area: Number of items of equipment:
12	Publication of information regarding the educational programme submitted for accreditation on the educational institution's website	
13	Availability of a programme (policy) on internal quality assurance at the educational institution	Date of approval and commencement of operations –
14	Full name, position, work and mobile telephone numbers, email address of the person responsible for liaising with the accreditation body	
15	Full name of the accountant, work and mobile telephone numbers, email address	

Appendix: a brief historical overview of the educational institution on 1 page, and a copy of the state licence and its annexes authorising the institution to carry out educational activities on ____ pages.

Full name and signature of the head of the educational institution

Place of stamp

Date: _____