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 Headof 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 detailsBeneficiary 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 phonenumber, 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