



SwAPP

Swiss Association of Pharmaceutical Professionals

Application for Accreditation of Training Event

Name of Event

Place / Date / Duration

Place:

Date:

Duration:

Organiser / Responsible Person or Institution

Name:

Address:

Phone:

E-Mail:

Speakers

Objectives of the Event (competences to be taught)

Topics (detailed overview)

Teaching Methods/ Contribution of Participants

Fees for Participants

Sponsor(s), if applicable

Independence of Event (describe conflicts of interest, if any)



SwAPP

Swiss Association of Pharmaceutical Professionals

Target Audience

Quality Assurance for the Event, if any

For repeated Events: Results of the Evaluation Forms

Number of Credits applied for

Expected Number of Participants

Announcement of the event (where, how, when, to whom)

Please attach:

Agenda

Evaluation Form

Other documents, if applicable

Please submit completed form and attachments to:

SwAPP

Swiss Association of Pharmaceutical Professionals

3000 Bern

education@swapp.ch