

Application Form

(Certification of Continuing Education Courses)

In order to make you a suitable offer, we ask you to fill in the following form.

General Information

Name of Institution:	
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For Universities/Universities of Applied Sciences/Continuing Education Institution/University of Cooperative Education:

Status:	State <input type="checkbox"/>	Private state recognised <input type="checkbox"/>	Private <input type="checkbox"/>	In the course of formation <input type="checkbox"/>
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Authorised Signatory / Contractual Signatory

Name, Title:	
Position:	
Address:	
Telephone:	
Fax:	
E-Mail:	

Contact Person for the Assessment Process

Name:	
Faculty:	
Address:	
Telephone:	
Fax:	
E-Mail:	

Relevant Information to the Offer

The following Continuing Education Courses¹ are to be certified:

1. Course

Title of the continuing education course:			
Study Format:	Full Time <input type="checkbox"/> / Part Time <input type="checkbox"/>		
No. of ECTS points assigned to the Course:			
Intended level according to European Qualification Framework (EQF):	5	<input type="checkbox"/>	
	6	<input type="checkbox"/>	
	7	<input type="checkbox"/>	
	8	<input type="checkbox"/>	
Requested certification ² :	Initial Certification <input type="checkbox"/> / Re-Certification <input type="checkbox"/> / Extension of an existing certification (please mention the certification in question)		
Initial start of the course:			
Which location/campus is to be certified?			
<i>In the case of re-certifications:</i>			
	When does the certification end?		
	Currently certified by (Agency Name)		
<i>Where appropriate:</i>			
Proposed as part of a cluster with the following additional continuing education courses:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Course

Title of the continuing education course:			
Study Format:	Full Time <input type="checkbox"/> / Part Time <input type="checkbox"/>		
No. of ECTS points assigned to the Course:			
Intended level according to European Qualification Framework (EQF):	5	<input type="checkbox"/>	
	6	<input type="checkbox"/>	
	7	<input type="checkbox"/>	
	8	<input type="checkbox"/>	
Requested certification ³ :	Initial Certification <input type="checkbox"/> / Re-Certification <input type="checkbox"/> / Extension of an existing certification (please mention the certification in question)		
Initial start of the course:			
Which location/campus is to be certified?			
<i>In the case of re-certifications:</i>			
	When does the certification end?		
	Currently certified by (Agency Name)		
<i>Where appropriate:</i>			
Proposed as part of a cluster with the following additional continuing education courses:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ After successful conclusion of the certification procedure FIBAA awards the FIBAA Quality Seal.

² Initial certification is applies for continuing education courses which are to be certified for the first time. Re-certifications apply for certificates which already have been certified at an earlier stage.

³ Initial certification is applies for continuing education courses which are to be certified for the first time. Re-certifications apply for certificates which already have been certified at an earlier stage.

3. Course

Title of the continuing education course:		
Study Format:	Full Time <input type="checkbox"/> / Part Time <input type="checkbox"/>	
No. of ECTS points assigned to the Course:		
Intended level according to European Qualification Framework (EQF):	5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	
Requested certification ⁴ :	Initial Certification <input type="checkbox"/> / Re-Certification <input type="checkbox"/> / Extension of an existing certification (please mention the certification in question)	
Initial start of the course:		
Which location/campus is to be certified?		
<i>In the case of re-certifications:</i>		
	When does the certification end?	
	Currently certified by (Agency Name)	
<i>Where appropriate:</i>		
Proposed as part of a cluster with the following additional continuing education courses:	<input type="text"/>	<input type="text"/>

Please tick the appropriate box

The Client herewith states that the client's continuing education course to be certified or a conceptual identical course is not the subject of a pending certification process at any another agency.

The Client herewith states that no negative decision has been issued for the client's continuing education course to be certified or for a conceptual identical course.

Please add an overview of the curriculum/curricula including a short description of the continuing education courses as an attachment.

If your want to include further continuing education courses in a cluster, please add a further application form.

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Place

Date

Stamp/ Signature

We look forward to hearing from you!

**German Institutions:
Vera Henkel**

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Attention: You'd like to combine your certification of continuing education courses with another feat offered by FIBAA? Ms Rauch (for German Institutions) and Mr Weber (Institutions outside of Germany) be glad to be of assistance.

⁴ Initial certification is applies for continuing education courses which are to be certified for the first time. Re-certifications apply for certificates which already have been certified at an earlier stage.