

Application for Re-Accreditation

- Module and Provider Accreditation -

Annex 12

Applicant's Details:

Name / Company

Authorised Representative

Street and Number

Postal Code, Town

Telephone no.

Fax

Email

Homepage

Hereby, I/we apply for the prolongation of the accreditation from the _____ .

Following modules should be further accredited:

CECRA-Module 1 –My profile as an advisor

CECRA-Module 2 – Communication and building relationships in advisory work

IALB-Geschäftsstelle:

Porschestraße 5a

84030 Landshut

Deutschland

kontakt@cecra.net

Tel.: +49 (0)871/9522-318

www.cecra.net

Fax: +49 (0)871/9522-399

Application for Re-

With my/our signature(s), I/we agree to the criteria for CECRA Accreditation, as amended from time to time.
This Application for Re-Accreditation is to be submitted together with all of the required documents to the IALB office at the following address:

Place, Date

Stamp

Signature of Applicant /
Authorised Representative