World Council for Preventive, Regenerative and Anti-Aging Medicine

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Email : contact@wocpm.org, info@vinskitower.com

APPLICATION FOR ACCREDITATION

Basic Information :

Name of Institution :

Address :

Telephone :

Fax :

E-mail :

Website :

Time of the founding :

Contact person : ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Prof. ☐ Dr.

Type of Accreditation : ☐ Clinic/ Practice

☐ Hospital/Centre

☐ Congress/Seminar

☐ University/Master/Doctoral

☐ Food

☐ Drug

☐ Machine

☐ Other

Course(s) offered

Type : ☐

☐ **Towards Diploma**

☐ **Foundation/Basic Course**

Number of Students : ☐ **Full Time**

☐ **Part Time**

Number of Instructor : ☐ **Full Time** ☐ **Qualification**

☐ **Part Time** ☐ **Qualification**

References/Scientific data : **Attachment**

Declaration :

I represent the Institution to apply for the WOCPM accrediattion. I am willing to fulfill related additional documents required for the accrediation process, and would like to fulfill the setup fee. Our Institution also welcome WOCPM for inspection.

Signature : **Position :**

Name : **Date :**