

Application for Accreditation of Training Course

Note

- Attach entire course material to this application (see document INTRSA-102)
- Criteria for course accreditation (see document INTRSA-102)

Course Details

Course name:.....

New course / Revised course

Accreditation number (for existing courses):.....

Course owner:.....

Contact Details

Name of Organization:

.....

Name of contact person:

Position of contact person:

Address

.....

ZIP / City.....

Country.....

Tel:

Fax:

Email:

Declaration

I apply for training course accreditation.

Signature of Applicant

Date