

## APPLICATION FORM

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This form is used to send a new request for a comparative evaluation. Fill out all sections, referring to program guidelines and ANNEX documents, if necessary. If you need more space, use a separate sheet of paper and write your name, date of birth and section number. Any omission may result in the return or closure of your request without processing.

### 1. Preliminary information

First request  Second or more request   
 maintenance of certification request. Please, consider ANNEX III

### 2. Identity Information

Write your last and first name(s) in block letters. ▶

Last name (as indicated on the accepted identity document)	First name(s) (as indicated on the accepted identity document)
Last name and first name at birth (if different from the name)	Other names on your educational documents
Date of birth (year/month/day)	Country of birth

State your full mailing address, with the elements of your country's addressing system, to receive our correspondence.

Building number	Street	Apartment	Post Office Box
City	Province, territory or state	Postal code	Country
Email address	Telephone number	Other telephone	
Future mailing address (if applicable)	Date of move (if applicable)		

### 3. Current professional position

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### 4. Profile

Academic. Please, consider ANNEX I  Health Professionals. Please, consider ANNEX II

### 5. Membership

SIF Member  Member of a society affiliated to EPHAR and/or EACPT

## 6. Evaluation Fee

30 Euro Evaluation Fee is due. Please attach the invoice of payment

## 7. Declaration, Privacy statement, contacts and payment information

Please, consider ANNEX IV FOR declaration of ANNEX I/ANNEX II titles

Hereby, I declare:

that I have provided all the necessary information and documents, in the required format, for the comparative evaluation and that I have provided only legible, accurate and truthful information and documents (Please see ANNEX IV).

The Italian Society of Pharmacology declares that the personal data communicated by the user are processed in accordance with the provisions of Legislative Decree no. 196/2003, as amended by Legislative Decree no. 101/2018, and EU legislation (EU Regulation 2016/679) as specifically indicated in the privacy policy available on the website of the Company at: [https://sif-website.s3.amazonaws.com/uploads/attachment/file/240/Informativa\\_Privacy\\_SIF\\_Generica.pdf](https://sif-website.s3.amazonaws.com/uploads/attachment/file/240/Informativa_Privacy_SIF_Generica.pdf) that the user, by signing this Agreement, declares to have fully reviewed, understood and accepted.

La Società Italiana di Farmacologia dichiara che i dati personali comunicati dall'utente sono trattati in conformità alle disposizioni del D. Lgs. 196/2003, così come modificato dal D. Lgs. 101/2018, ed alla normativa comunitaria (Regolamento UE 2016/679) secondo quanto indicato specificamente nell'informativa privacy reperibile sul sito internet della Società all'indirizzo: [https://sif-website.s3.amazonaws.com/uploads/attachment/file/240/Informativa\\_Privacy\\_SIF\\_Generica.pdf](https://sif-website.s3.amazonaws.com/uploads/attachment/file/240/Informativa_Privacy_SIF_Generica.pdf) che l'utente, con la sottoscrizione del presente Contratto, dichiara di aver compiutamente visionato, compreso e accettato.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please, send all documents to: **SIF-EuCP Program** c/o Segreteria Organizzativa SIF – Via Giovanni Pascoli, 3 - 20129 Milano tel 02-29520311 - fax 02-700590939 - e-mail: [sif.farmacologia@segr.it](mailto:sif.farmacologia@segr.it) - object: **application SIF-EuCP Program**

Payments: **Società Italiana di Farmacologia**- Bank: Credito Valtellinese, Agency n.16 di Milano

IBAN: **IT 86 E 05216 01621 000 000 000 530** BIC/SWIFT: **BPCVIT2S**

**Further information:** [sif.farmacologia@segr.it](mailto:sif.farmacologia@segr.it) - object: **information SIF-EuCP Program**

Documents Check LIST

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- Application FORM
  - CV
  - ANNEX I
  - ANNEX II
  - ANNEX III
  - ANNEX IV
  - Invoice evaluation fee