|  |  |
| --- | --- |
| Name of the centre: |  |
| Headquarters - Clinic/Institution: |  |
| Address (postal code/locality): |  |
| Centre director:  |  |
| Centre coordinator: |  |

We hereby request the certification of the

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Breast Cancer Centre |  |  | Lung Cancer Centre |
|  |  |  |  |
|  |  | Colorectal Cancer Centre |  |  | Gynaecological Cancer Centre |
|  |  |  |  |
|  |  | Prostate Cancer Centre |  |  | Oncology Centre |
|  |  |  |  |
|  |  | Skin Cancer Centre |  |  | Pancreatic Cancer Centre (Module) |
|  |  |  |  |  |  |
|  |  | Head and Neck Cancer Centre (Module) |  |  | Neuro-oncology Centre (Module) |

|  |  |
| --- | --- |
| Expected deadline/ expected certification period: |  |

With the application regarding the beginning of certification, the applicant admits the following conventions:

* The certification includes the cooperation partners mentioned in the application. Other cooperation partners can be accepted in the certification procedure only after the previous written consent from OnkoZert.
* The fees for the certification procedure will be calculated according to the „Estimation of certification expenditure “document.
* The current version of the document called „General certification terms “contains certification implementation regulations as well as general regulations for the achievement of OnkoZert certification procedure; the document can be accessed on [www.onkozert.de](http://www.onkozert.de) (Certification process).

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Date |  | Applicant (uppercase) |  | Applicant (signature) |