



GA2LEN e.V
c/o DGAKI
Robert-Koch-Platz 7
10115 Berlin

Application to become a GA²LEN ADCARE Centre

Dear ADCARE Office,

DATE:

Name of your Centre:	
Head of Department:	
Email address:	
Deputy's name/email:	
Website:	
Address:	

I wish to join the GA²LEN ADCARE network and hereby apply for our institution to become a GA²LEN Atopic Dermatitis Centre of Reference and Excellence (ADCARE).

Please explain briefly here why you would like to become an Atopic Dermatitis Centre of Reference and Excellence.

(Please click to confirm) I have read the 32 requirements (see online document *GA²LEN ADCARE requirements and deliverables* pdf) and confirm that my Centre/Department/Institution fulfils the requirements and deliverables

NAME (BLOCK CAPITALS):

SIGNATURE: _____ DATE: _____

Please note: Some of your given information listed above might be published on the ADCARE website.

| cathrin.meesch@ga2len.net | www.ga2len-adcare.com |