

**APPLICATION FORM  
APPROVAL OF EDUCATIONAL MATERIAL**



**ADMINISTRATIVE DATA**

**DECLARATION and SIGNATURE**

**Name of the educational material:**

**Applicant:**

**Person authorised by the Applicant for communication  
with the National Agency for Medicines and Medical Devices  
during the approval procedure:**

This is to confirm that the fees shall be paid according to the regulations of the National Agency for Medicines and Medical Devices on payment.

On behalf of the Applicant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
NAME

\_\_\_\_\_  
Position

\_\_\_\_\_  
Site

\_\_\_\_\_  
date (year-month-day)

## **1. PARTICULARS OF THE APPLICATION FOR APPROVAL OF EDUCATIONAL MATERIAL**

### **1.1.1 Channel for communication of educational material**

- distribution in pharmacies only
- distribution in medical practices (hospital included, if needed)
- other communication channels (please specify)

### **1.1.3 Person/Company authorised by the Applicant for communication with the National Agency for Medicines and Medical Devices during the approval procedure**

Name:

Company name:

Address:

Country:

Telephone number:

Fax number:

E-Mail:

## **2. ATTACHMENTS TO THE APPLICATION**

**2.1** Educational material

**2.2** Fee payment form