To be completed by the certification organisation

Certificate number:	
Application received date (YYYY/MM/DD):	

APPLICATION FORM FOR INDIVIDUAL RE-CERTIFICATION AS

QA/RA Leader

MEDICAL DEVICES

This form is used for registration to re-certification, for people who previously has certified as QA/RA Leader - Medical Devices, organized by SBQ Certification AB.

Send the completed and signed application (scanned pdf or digitally signed) by e-mail to info@sbq.nu

On the following pages, fill in the information required to prove your continued experience and expertise within the area. Have you submitted annual updates, it is sufficient with the information from of the past year.

The application will be processed by SBQ within 2-3 weeks. You will recieve feedback from us whether your application is properly filled out and if your experience in the subject is sufficient for re-certification. If you are approved, you will recive an updated certificate.

If your experience is not sufficient according to the current requirements document (see www.sbq.nu) you have the opportunity to register for a renewed Certification Test, see www.sbq.nu for more information.

The registration is binding upon receipt and approval by SBQ. The fee for certification is 300 EURO.

APPLICATION FORM

To be completed by person applying for certification by person applying for re-certification as QA/RA Leader, Medical Devices

Name:	Social security no (or other identification no):
Company:	Phone (work):
Address:	Phone (mobile):
Post code and City:	Email:
Invoice address (if other):	

To ensure the link between application and re- certification (with respect to the same person), we need your social security number or other identification number. The personal identification number is used by SBQ for traceability to your certificate. Your personal information will not be used for other purposes. In accordance with the GDPR, this application for certification is the legal basis and the agreement underlying our handling of your personal data.

Continue your application by filling out the form on the following pages, as well as approve and sign your application on the last page.

Work experience (Describe the experience five years back)

1.	Company/organisation:		Reference:	
	From– until (YYYY/MM):		Name:	
	Position:		E-mail:	
	Industry:	Pharmaceuticals ☐ Medical Device ☐ Other ☐	Relation: (for example manager, co-worker)	
2.	Company/organisation:		Reference:	
	From– until (YYYY/MM):		Name:	
	Position:		E-mail:	
	Industry:	Pharmaceuticals ☐ Medical Device ☐ Other ☐	Relation: (for example manager, co-worker)	
3.	Company/organisation:		Reference:	
	From– until (YYYY/MM):		Name:	
	Position:		E-mail:	
	Industry:	Pharmaceuticals ☐ Medical Device ☐ Other ☐	Relation: (for example manager, co-worker)	
4.	Company/organisation:		Reference:	
	From– until (YYYY/MM):		Name:	
	Position:		E-mail:	
	Industry:	Pharmaceuticals ☐ Medical Device ☐ Other ☐	Relation: (for example manager, co-worker)	
5.	Company/organisation:		Reference:	
	From– until (YYYY/MM):		Name:	
	Position:		E-mail:	
	Industry:	Pharmaceuticals ☐ Medical Device ☐ Other ☐	Relation: (for example manager, co-worker)	
6.	Company/organisation:		Reference:	
	From– until (YYYY/MM):		Name:	
	Position:		E-mail:	
	Industry:	Pharmaceuticals ☐ Medical Device ☐ Other ☐	Relation: (for example manager, co-worker)	

Training related to Medical Devices
(Describe training five years back in time)

	Course / training title:	Training organisation:	Date (YYYY/MM):	Length of training:
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

APPLICATION FORM FOR INDIVIDUAL RE-CERTIFICATION AS

QA/RA Leader

MEDICAL DEVICES

Declaration and signature

I hereby apply for re-certification as QA/RA Leader Medical Devices. With the signature of this document, I certify that the information provided is correct. I also agree that the application is binding upon receipt and approval by SBQ.

I accept that the fee of 300 EUR will be charged (25% VAT will be added for Swedish companies, for companies within the EU, the "Reverse charge" tax rule is applied).

My signature also means that I allow the SBQ certification organisation to save my personal data in accordance with GDPR.

Date:_____ Signature:_____

Name in block letters:_____