**To apply for recognition as a APAAACI Center of Excellence, please send the requested application information below to** [**secretariat@apaaaci.org**](about:blank)

**Application Form**

**Directions:** Please respond to all questions below. Some items need to be entered as text. Others are check boxes. Once completed, please save this document and return it to APAAACI at: [secretariat@apaaaci.org](about:blank)

**Please use the subject line: 2025 ACE Application: *insert your institution’s name (country)***

**Application deadline:** **31 August 2025**

**Applicant ACE Information**

Institution/University Name: Click here to enter text.

Address: Click here to enter text.

Website: Click here to enter text.

**Center Responsible Lead (Primary Contact)**

Name: Click here to enter text.

Title: Click here to enter text.

Address: Click here to enter text.

Email: Click here to enter text.

Phone: Click here to enter text.

**Department/Centre Head (s)**

Name: Click here to enter text.

Title: Click here to enter text.

Email: Click here to enter text.

Departmental affiliation: Click here to enter text.

**Center’s Areas of Interest**

Mission Statement of the Center: Click here to enter text.

Key Areas of Interest (please select all that apply and provide details):

☐ Education and Training

Details: Click here to enter text.

☐ Research

☐ Basic/Translational/ Clinical- please specify

☐ Clinical Trials

☐ Registries

Details: Click here to enter text.

☐ Advocacy/ Public education

Details: Click here to enter text.

Center’s Areas of Specialization (please select all that apply):

☐ Allergy/ Immunology ☐ Otolaryngology

☐ Internal Medicine ☐ Ophthalmology

☐ Respirology ☐ Dermatology

☐ Internal Medicine ☐ Rheumatology

☐ Paediatric Medicine

Others

**Supporting Documents**

***In order to complete this application, please attach the following documents in a PDF format:***

**Details of the ACE Center**

☐ Details of the Center’s infrastructure and facilities. Documents supporting the existence of graduate programs, including number of academicians and students.

☐ Letter from the President/ Dean/ Director/or Organizational Head of other administrative

office

☐ A recommendation letter from at least 2 External Advisors

☐ CVs of at least 6 mentors associated with the proposed APAAACI COE.

**Publications/Educational Activities**

☐ List of peer-reviewed publications during the last 5 years in the field of allergy, asthma and clinical immunology

☐ List of projects and publications in last 5 years

☐ Educational activities for physicians/ nurses

☐ Advocacy programs for patients

☐ Programs: Recognized graduate and post graduate programs

☐ List of current graduate students and graduates from the last 3 years (include at least 2-3 graduate students who have completed their training in the last 3 years)

☐ Registries, Biobanks, Research and Development (R&D) activities

**Affiliations/Collaborations**

☐ List of National / International partners or centers with which the applying center is affiliated with their names and contact details