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**IAAP- Personal information form for the application for certification of a pharmacy with the quality-label Anthromed® Pharmacy**

This form is designed to aid the evaluation of the eligibility of a pharmacy to use the label Anthromed® Pharmacy.

Please fill in the form fully and submit it with your application.

With queries please contact Oliver Friedländer (oliver.friedlaender@t-online.de).

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| **Anthromed® Pharmacy****Personal information form** |
| Please fill in the form completely and submit it with your application. |
| **Name**  |       |
| 1. **Personal**
 |  |
| **Are you a member of IAAP?** |  [ ]  yes [ ]  no  |
| **Position in the pharmacy** | [ ]  Owner Job title:       [ ]  Pharmacy manager Job title:       [ ]  Employee Job title:       [ ]  Other Job title        |
| **Which technical skills and/or further education as a pharmacist do you have?** |       |
| **Number of pharmacies** |       |
| **Number of employees** |       |
| **Anthroposophical training already completed (courses, lectures etc.)** |       |
| **What further education/training in the field of Anthroposophic Pharmacy/Medicine do you have planned for:** | yourself:      the staff:       |
| **In which further education/training do you or your staff regularly take part?** |       |
| **In which further education/training do you or your staff take part regarding Complementary Medicine?** |       |

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| 1. **Anthroposophical Pharmacy**
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| **In what ways do you support the growth/recommendation of Anthroposophical Medicines (e.g. competence in OTC advice)?** |       |
| **Do you stock a wide range of Complementary Medicines, including Anthroposophical Medicines?If yes, please specify:** |       |
| 1. **Manufacture**
 |  |
| **Are Anthroposophical Medicines (individual and bulk formulations) made in your pharmacy?** |  [ ]  yes [ ]  no  |
| **Are you familiar with the homeopathic pharmacopoeia (HAB)?** |  [ ]  yes [ ]  no  |
| **Is the Anthroposophical Pharmaceutical Codex (APC) known in your pharmacy? (www.iaap.org.uk)** |  [ ]  yes [ ]  no  |
| 1. **Sustainability**
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| **Are there measures that are carried out in the pharmacy that follow the principals of sustainability?****If yes, please specify?** |       |
| **Comments** |       |
| **Place/date/signature of the applicant** | Place, date      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature |