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**IAAP-Application for the certification of a pharmacy with the quality-label Anthromed® Pharmacy**

**Foreward/Introduction**

Since 2007 Anthromed® has been a registered quality-label for anthroposophical medicinal providers such as hospitals, doctors’ practices and pharmacies.

Anthromed® Pharmacy denotes a quality-label for pharmacies and stands for competence in advice and manufacture of Anthroposophic Medicines. Patients can receive well-founded advice on Anthroposophic Medicine here. Additionally, Anthroposophic Medicines can be manufactured competently in these pharmacies.

IAAP awards the Anthromed® Pharmacy quality-label in conjunction with AnthroMed Berlin-Brandenburg gGmbH, <http://anthromed-bb.de/>, according to the "IAAP-catalogue of criteria for a pharmacy to obtain the quality-label Anthromed® Pharmacy". Every pharmacy which fulfills the requirements can apply for the title Anthromed® Pharmacy.

The annual costs for the Anthromed® Pharmacy title are currently 100 €.

**Please submit the application to:**

IAAP

Medical Section

CH-4143 Dornach

Contact in Germany: Oliver Friedländer (oliver.friedlaender@t-online.de)

**Necessary documents:**

IAAP- Anthromed® Pharmacy personal information form.

With queries please contact Oliver Friedländer (oliver.friedlaender@t-online.de) or
Manfred Kohlhase (mail@manfred-kohlhase.de).

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| **Application for Anthromed® Pharmacy** |
| Please fill in the form completely and send it to oliver.friedlaender@t-online.de or mail@manfred-kohlhase.de  |
| **Name and address of the pharmacy** |       |
| **Applicant (Name, Address)** |       |
| **Position in the pharmacy** | [ ]  Owner Job title:       [ ]  Pharmacy manager Job title:       [ ]  Employee Job title:       [ ]  Other Job title:        |
| **In which anthroposophical organisations are you a member?** |       |
| **Are you a member of IAAP?** |  [ ]  yes [ ]  no |
| **Are you a qualified anthroposophical pharmacist?** |  [ ]  yes [ ]  no |
| **Do you have a pharmaceutical qualification (with further anthroposophical education)?** |  [ ]  yes [ ]  no  |
| **Comments** |       |
| **Place/date/signature of applicant:** | Place, date      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature |