

THE AFC MEDICAL CENTRE / CLINICS OF EXCELLENCE APPLICATION FORM

BACKGROUND INFORMATION

Please provide the basic information on the different sections in the tables as provided. Should you wish to more precisely describe the manner in which your center complies with the respective AFC Accreditation Requirements, you have the opportunity to give a short narrative summary at the end of each section. Please be **concise and focused**.

PARTICIPATING INSTITUTIONS

PRIMARY INSTITUTION NAME:	
ADDRESS:	
TYPE OF INSTITUTION:	
OWNERSHIP TYPE:	

Collaborative Association with Medical and Scientific Board:

SECTION 1. CLINICAL EXPERTISE - DISCIPLINES

Specialty institutions with clinical expertise:

SPECIALTY (COMMITTEES)	DIRECTOR OF COMMITTEE	COLLABORATIVE CENTER(S)	PATIENTS/ YEAR	MAIN CHARACTERISTICS OF PATIENTS (AGE, GENDER, AMATEURS/PROFES- SIONALS, MAIN DIAGNOSES, CLUBS, TEAMS ETC.)
SPORTS CARDIOLOGY				
SPORTS PULMONARY				
SPORTS MEDICINE				

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ORTHOPEDICS SURGERY				
PHYSICAL MEDICINE AND REHABILITATION				
PHYSICAL THERAPY				
EXERCISE PHYSIOLOGY				
APPLIED BIOMECHANICS				

DESCRIPTION OF ACTIVITIES AND PROCEDURES ENSURING THE MULTI-DISCIPLINARY APPROACH OF THE INSTITUTION AND THE RESPECTIVE CLINICAL EXPERTISE IN ALL THE SPECIALTIES:
<ol style="list-style-type: none"> 1. medical and scientific Board consisting of Directors of committees 2. collaborative referral System between specialty institution due to collaborative agreement

SECTION 2. TEAM PHYSICIAN EXPERIENCE

Team Physicians Committee	
Director of Committee	Collaborative Center

SECTION 3. PREVENTION

Football Medicine, Prevention and Doping Committee	
Officers of Committee	Collaborative Center

Describe the different prevention programmes actively run by the institution, their outreach and concept

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NAME AND TYPE OF PROGRAMME	RESPONSIBLE	SHORT DESCRIPTION AND OUTREACH	METHOD/OUTCOME MEASURE

* *Project reports, published articles in peer reviewed journals, lay articles on sports injury prevention, other outreach methods to be attached*

Published Articles

DESCRIPTION OF THE PREVENTION PROGRAMMES, THEIR RESEARCH BACKGROUND, THEIR OUTREACH AND CONCEPT AND THE METHODS FOR EVALUATION OF OUTCOME:
<i>As described above for each program.</i>

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SECTION 4. RESEARCH EXPERTISE

Research Committee	
Director of Committee	Collaborative Center

Summarise activity in research

1. Research Projects in Sports/Football Medicine		
TITLE OF PROJECT	:	
AIM/HYPOTHESIS	:	
STUDY POPULATION	:	
STUDY DESIGN AND METHODS	:	
TIMEFRAME	:	
FUNDING	:	

DESCRIPTION OF OTHER SCHOLARLY ACTIVITY, THE FACILITIES AND RESOURCES (INCLUDING SPACE, EQUIPMENT, SUPPORT PERSONNEL, FUNDING) THAT WILL BE UTILIZED TO SUPPORT RESEARCH:

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2. Publications in Peer Reviewed Journals

3. Reprints of Publications May be Attached (Optional)

SECTION 5. EDUCATION EXPERTISE

Education Committee	
Director of Committee	Collaborative Center

GENERAL INFORMATION	Director of Committee:
INSTITUTION NAME :	
INSTITUTION DIRECTOR :	
BRIEF EDUCATIONAL RATIONALE :	

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Faculty / Teaching Staff

Principle medical staff curriculum vitae - Complete for each teaching staff member one page only.

SECTION 6. MANAGEMENT OF FOOTBALL EVENTS (OPTIONAL)

Describe briefly your institution’s ability and experience in management of football competitions on all levels.

EVENT - (NAME, LOCAL, REGIONAL, NATIONAL, INTERNATIONAL)	SIZE (NO OF MATCHES, PLAYERS)	FUNCTION (MATCH COVERAGE, ORGANISING COMMITTEE ETC.)

SECTION 7. OTHER FOOTBALL RELATED PROGRAMMES

List any other football related programmes of your institution not covered in the previous sections

NAME AND TYPE OF PROGRAMME	RESPONSIBLE	SHORT DESCRIPTION AND OUTREACH

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SECTION 8: WOMEN'S FOOTBALL – OPTIONAL

NAME AND TYPE OF PROGRAMME	RESPONSIBLE	SHORT DESCRIPTION AND OUTREACH

SECTION 9: SOCIAL RESPONSIBILITIES – OPTIONAL

NAME AND TYPE OF PROGRAMME	RESPONSIBLE	SHORT DESCRIPTION AND OUTREACH

SECTION 10: INFORMATION TECHNOLOGY AND ADVANCED TECHNOLOGIES IN FOOTBALL

NAME AND TYPE OF PROGRAMME	RESPONSIBLE	SHORT DESCRIPTION AND OUTREACH

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SECTION 11. INSTITUTIONAL STATEMENT

Provide an institutional statement that commits the necessary financial, educational and human resources to support the sports and football medicine program(s) and provide documentation that the statement has been approved by the governing body, the administration and the teaching staff.

Signatures:

Signature (Centre/Clinic Director) Date Place

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