

# Questionnaire for the APIC Auditor Certification

**Important:** This questionnaire has to be filled in by **those candidates only who want to apply for the auditor certification**. In this case please return the completed questionnaire with the registration for the ICH Q7 Auditor Training Course.

**Examination:** Back in your office, you will have to pass a multiple-choice Internet-based test on the content of the training course. The fee for this test is € 190,- + VAT and will be charged separately.

I would like to become an APIC Certified Auditor      YES     NO

I would also like to to conduct audits within the framework of the APIC Third Party Audit Programme    YES     NO

## Educational Background

Degree or Diploma	Name/Location of Institution	Month/Year

## Work experience (minimum of 2 years experience in industry or regulatory body required)

Company	Function	Time Period

## Practical experience as Auditor

Number of Audits conducted so far	
How many of these audits have been internal company audits?	
How many of these audits have been external audits?	
Number of audits as lead auditor	
Number of authority inspections escorted	
When did you start auditing?	
When was the last audit?	

## Certified by another organisation

If you have been certified as an auditor by another organisation, please identify the organisation, your certification number and the date of your original certification and the date the current certification will expire.

Certifying organisation	Certification number	Date of original certification	Expiry date of current certification

\_\_\_\_\_  
Name (Please write in block letters)

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature