Template TO BE COMPLETED

To put on headed paper.

**Subject**: Official Statement to confirm Quality of Care Centre (QCC) adheres to HFA/ESC ICARe-HF accreditation requirements.

**OFFICIAL STATEMENT**

We, [Please insert *name of institution/unit/city and country]*, hereby declare with our signatures that our centre strictly adheres to the [Please choose accordingly : *community or specialised or advanced]* Quality of Care Centre (QCC) accreditation requirements set forth by the Heart failure Association (HFA) of the European Society of Cardiology (ESC).

In accordance with the accreditation process, we have thoroughly completed the pre-accreditation form, ensuring that all the information provided therein is accurate and up to date.

This document reflects our facility’s capabilities that are in place to manage patients with heart failure effectively.

Document to be signed by QCC director

[Please insert your name Name + Function + Date and signature]

Document to be signed by QCC Coordinator

[Please insert your name Name + Function + Date and signature