



The Association of Schools of Public Health  
in the European Region

## ASPHER MEMBERSHIP QUESTIONNAIRE

**This questionnaire should be returned to:**

ASPHER Secretariat, Avenue de Tervueren 153, 1150 Brussels, Belgium

E-Mail: [office@aspher.org](mailto:office@aspher.org) and [lore.leighton@aspher.org](mailto:lore.leighton@aspher.org)

1. **Institution Name which applies for membership:** Scuola di Specializzazione in Igiene e Medicina Preventiva, Università di Pisa.  
School of Public Health, University of Pisa
  
2. **Address:** Unità di Igiene, Dipartimento di Ricerca Traslationale e delle Nuove Tecnologie in Medicina e Chirurgia, via San Zeno, 37
  
3. **Town:** Pisa
4. **Postcode:** 56127
5. **Country:** Italy
6. **Phone:** +39 0502213573
7. **Fax:** +39 0502213575
8. **Website address:**
  
9. **Name of Dean or Director:** Gaetano Pierpaolo Privitera
10. **Address:** as above
11. **Town:**
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13. **Country:**
14. **Phone:** +39 336254399
15. **Fax:**
16. **E-mail:** [gaetano.privitera@unipi.it](mailto:gaetano.privitera@unipi.it)
  
17. **Name of ASPHER contact person:** Gaetano Privitera, Elena Bilenchi
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25. **Number of Equivalent Full Time Staff (Full time + Part time + Temporary staff):** 6
26. **Number of Undergraduate Students (Average for the two last Academic years):** 0
27. **Number of Postgraduate Students (Average for the two last Academic years):** 20
28. **Start date of the Academic Year:** November 1st
  
29. **Date of the Exam period in your Institution:** October-through December
  
30. **Mission statement:** Specialization in Public Health
  
31. **Source(s) of Funding:** The Ministry of University and Research and Regione Toscana for funding the fellowships of the trainees, the University of Pisa for funding current expenses
  
32. **Ordinary Budget in Euros:** 8000 euros for current expenses
  
33. **Statute of your institution (University/Non-university structure, Public/Private):** Public University
  
34. **Programmes provided by your institution (name and duration for each, attach file/provide weblink with the curricula):** Specializzazione (4-year residency)
  
35. **Does your institution participate in the ECTS project? (Yes/No):** No
  
36. **Areas of interest/expertise of your institution:** Hospital Hygiene, Infection Prevention and Control, Patient Safety and Risk Management, Environmental Health
  
37. **Projects run by your institution (title, funding body and timeframe for each, attach file/provide weblink for detailed info):**