

Europe Active/EREPS Registration Requirements Profile

EQF Level 7 Clinical Exercise Professional
Draft version for external consultation

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I - Executive Summary

This document contains the essential requirements that a post-graduate exercise professional must provide to be able to be registered to the European Register for Exercise Professionals (EREPS). The requirements are based on the European Qualification Framework (EQF) level 7, which indicates the second level of higher education (i.e., master degree). Therefore, the course providers are Higher Education Institutions (HEI). This is the core reason, why the Professional Standards Committee decided to develop this requirement profile (as well as the EQF level 6) instead of the usual way of standards development like for the already established levels 2-5.

The competencies, skills and underpinning knowledge behind the requirements that are delivered by HEI are mandatory for exercise professionals working as Clinical Exercise Professionals in the European health and fitness industry. They are aligned with the industry main goal to get: **'More People, More Active, More Often'**.

This booklet containing the EuropeActive Requirements Profile for EQF level 7 applicants is organized in the following chapters, trying to offer to the reader a comprehensive approach to the requested attributes.

Finally, it is to be noted that a qualified group of technical experts across Europe representing the academic side of our sector volunteered to assist with the development of this EuropeActive Requirements Profile, and that relevant experts around the world have been involved on the external consultation process.

II - Technical Expert Group Members & External Consultation Experts

This document is in line with the updated version of the Requirements Profile of the Graduated Fitness Professional (EQF level 6). The main assumptions of these documents were done by fitness sector stakeholders during the 3rd Sector Skills Alliance Meeting and during the International Standards Meeting in Copenhagen in 2019, as a part of the session on "Beyond Level 4 – Pathways for the Aspiring Fitness Professional". The first draft of this document was delivered in May 2023. After the extensive external consultation process, the final version (**will be**) presented to fitness sector stakeholders during the International Standards Meeting in Madrid, in November 2023. The revision process was led by Julian Berriman, Director of the Professional Standards Committee.

TEG Members for the Requirements Profile of the Clinical Exercise Professional (EQF level 7), published in 2023:

- Prof. **Rita Santos-Rocha**, PhD, ESDRM, Sport Sciences School of Rio Maior - Polytechnic Institute of Santarém, Portugal (TEG Leader);
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Experts who participated on the external consultation process:

- **To be added after external consultation process**

Julian Berriman, EuropeActive Director Professional Standards Committee

III - Introductory Statement about the Necessity to Develop a Requirements Profile rather than Standards for EQF Levels 6 and 7

Many European universities and all the other suppliers of higher education outside the continent offer bachelor and master programmes in the fields of exercise sciences, kinesiology, health and fitness, sport sciences, etc. The European health and fitness market provides amazing job opportunities for graduates and post-graduates coming from those educational backgrounds. In practice, there are not enough graduates working in the fitness industry. This, by turn, produces a lack of knowledge and expertise to deliver meaningful outcomes on the European Public Health agenda. Previously, graduates could not be registered onto the European Register of Exercise Professionals (EREPS), as the current framework of occupations was limited to the vocational levels from 2 up to 5. The system of registration is based on the development of standards for the different levels. Training providers can submit their courses for accreditation. After the successful completion of the accreditation process, graduates of these vocational courses are automatically registered onto EREPS. The next logical step is developing standards for the levels 6 and 7, corresponding to bachelor and master programmes which

are provided by higher education institutions. A problematic issue, is the relevant higher education institutions, would have to apply for accreditation like the vocational training providers. Due to their recognition and standing within the educational landscape a very unrealistic scenario because there seems to be no necessity for these institutions to do that. This in turn, would result in a serious disadvantage for their graduates in the labour market: no visibility on EREPS. Hence, the Professional Standards Committee of Europe Active decided to apply an alternative for the academic levels of the EQF that differs from the implemented approach for vocational standards to improve the recognition and visibility of the aforementioned graduates. It is called the "requirements profile".

Therefore, in 2016, a "requirements profile" for the first level of higher education (Graduate Exercise Professional - level 6)¹ was created instead of "standards" (and updated in 2022), and the "requirements profile" for the second level of higher education (Clinical Exercise Professional - level 7)² was created in 2023. The "requirements profile" is based on the idea that professionals with a bachelor or master degree in sport sciences, kinesiology, exercise sciences, etc., can be registered onto EREPS if they fulfil the requirements that have been developed by a Technical Expert Group, in first place, and by a group of external consultants, which consists of professors, senior lecturers, lecturers and researchers representing those fields, as mentioned previously.

The Professional Standards Committee believes that, on the one hand, this recognition process based on the requirements profile is simple, practical and will give great visibility to the graduate exercise professionals in the European labour market. On the other hand, this process will allow the recognition of graduates, independently of their country, higher education institution or programme designation.

¹ The target audience of the **Graduate Exercise Professional** are the general healthy populations, as well as the healthy populations in special phases of life, i.e., pre-adolescents and adolescents, healthy pregnant and postpartum women, menopause women, and older adults.

² The target audience of the **Clinical Exercise Professional** are the populations with clinical/chronic conditions and health-related issues/needs.

IV - The Essential Registration Requirements for Graduates Holding a Master Academic Degree (EQF Level 7)

Introductory information

What does level 7 mean at EQF?

Level of the EQF	Knowledge is described as theoretical and/or factual.	Skills are described as cognitive (involving the use of logical, intuitive and creative thinking) and practical (involving manual dexterity and the use of methods, materials, tools and instruments)	Competence is described in terms of responsibility and autonomy.
The learning outcomes relevant to Level 7 are:	Highly specialised knowledge, some of which is at the forefront of knowledge in a field of work or study, as the basis for original thinking and/or research. Critical awareness of knowledge issues in a field and at the interface between different fields.	Specialised problem-solving skills required in research and/or innovation in order to develop new knowledge and procedures and to integrate knowledge from different fields.	Manage and transform work or study contexts that are complex, unpredictable and require new strategic approaches; take responsibility for contributing to professional knowledge and practice and/or for reviewing the strategic performance of teams

Source: <https://europa.eu/europass/en/description-eight-efq-levels>

What does level 7 mean at Fitness QF?

EQF level	Occupation	Target audience
Level 7	Clinical Exercise Professional	Populations with pre-clinical and clinical/chronic conditions and health-related issues/needs ³

Occupational Title

Clinical Exercise Professional

Job Purpose

A Clinical Exercise Professional has the responsibility of designing, implementing, conducting/instructing, evaluating and supervising exercise/physical activity programmes for the populations with determined pre-clinical and clinical conditions and with a high risk profile; of supervising and guiding other fitness professionals; of implementing active and healthy lifestyle promotion activities in the club, in the community, or in conjunction with clinical settings; and conducting basic research tasks.

Occupational Description

A Clinical Exercise Professional has a role, which includes, designing, implementing, conducting/instructing, evaluating, and supervising exercise/physical activity programmes for the populations with determined clinical conditions, by collecting and analysing client information to ensure the effectiveness and safety of personal and group exercise programmes, and liaise with other health professionals. The Clinical Exercise Professional also supervises other fitness professionals, participates in the implementation of active and healthy lifestyle promotion activities and programmes, in the club, in the community, or in conjunction with clinical settings, and conducts basic research tasks.

Occupational Roles

³ The clinical populations to whom there are evidence-based research supporting the potential impact of exercise prescription as described in Pedersen and Saltin (2015): <https://onlinelibrary.wiley.com/doi/10.1111/sms.12581> . Moreover, there are determined pre-clinical conditions, such as pre-sarcopenia, pre-diabetes, and pre-frailty, etc., as well as populations with a high-risk profile (e.g., low protein intake, advanced age, etc.) that are not clinical conditions, but they are potential risk factors.

In addition to the skills, competencies and knowledge of the Graduate Exercise Professional, the Clinical Exercise Professional is endorsed to perform the activities detailed as follows:

- Plan and conduct healthy lifestyle programmes for the populations with determined pre-clinical and clinical conditions, in the club, in the community, or in conjunction with clinical settings;
- Prescribe personalised physical activity and exercise programmes or, if necessary, refer to specific health services for the populations with determined pre-clinical and clinical conditions;
- Perform fundamental physical activity, movement and skill screening and sports specific exercise testing and prescription for the populations with determined pre-clinical and clinical conditions;
- Perform advanced fitness testing plus previous pre-exercise assessment and basic health screening for the populations with determined pre-clinical and clinical conditions;
- Provide extensive exercise testing for healthy populations and determined pre-clinical and clinical populations, regardless of age and gender, in laboratory settings;
- Develop, implement and improve programmes for the populations with pre-clinical and determined clinical conditions based on the current state of research;
- Conduct basic research or analytical tasks like, e.g., evaluations, surveys, systematic reviews, protocols, etc.;
- Provide general nutritional advice based on healthy eating guidelines, to support exercise and fitness goals, and if necessary, refer the client to a nutritionist;
- Provide general stress management advice to support exercise and fitness goals, and if necessary, refer the client to a psychologist;
- Provide general healthy lifestyle advice to support exercise and fitness goals, and if necessary, refer the client to a medical doctor or a physiotherapist;
- Explain to client how their condition or medications impact on exercise and provide strategies to manage any challenges to support exercise and fitness goals, and if necessary, refer the client to a specialty medical doctor;
- Provide support for management activities, if required.

Clinical Exercise Professionals are not endorsed to:

- Prescribe or conduct rehabilitation programmes, which are the tasks of physiotherapists;

- Provide exercise testing on populations with uncontrolled clinical conditions;
- Prescribe any kind of medication or supplements, which are the tasks of medical doctors;
- Prescribe nutritional programmes, which are the tasks of nutritionists;
- Diagnose any psychological disorders or mental health conditions, which are the tasks of psychiatrists;
- Provide any kind of psychological counselling, which are the tasks of psychologists;
- Make any diagnosis or give non-exercise advice relating to a medical condition, which are the tasks of medical doctors.

Occupational Knowledge, Skills, and Competencies

1 - Evidence-based and inter-professional practice

The Clinical Exercise Professional should be able to:

- a) Permanently reflect about practice against the current research status in health, exercise and fitness;
- b) Source and interpret professional body position stands and practice guidelines;
- c) Understand the necessity and advantage of inter-professional networks amongst exercise and health professionals and the benefits for own practice; for the client; and for overall public health;
- d) Apply knowledge and understanding of how to cooperate in those networks for the benefit of clients, referring the client to a specific healthcare professional as necessary;
- e) Apply knowledge and practice within an ethics and professional code of conduct;
- f) Understand and explain own scope of practice.

2 - Applied physiology and biomechanics

The Clinical Exercise Professional should be able to:

- a) Apply knowledge about anatomy, physiology and biomechanics in programme practice for the health-related physical fitness components, like cardiovascular endurance, muscular strength and endurance, flexibility, and body composition of populations with clinical conditions;
- b) Apply knowledge about anatomy, physiology and biomechanics in programme practice for the skill-related physical fitness components, like agility, coordination, balance, power, reaction time and speed of populations with clinical conditions;
- c) Understand the physiological responses and adaptations of the musculoskeletal, neuromuscular, cardiovascular, respiratory, endocrine, and immune systems to exercise and training and how such knowledge underpins effective programming

practice for the improvement or maintenance of exercise capacity, motor skills and general well-being of populations with clinical conditions.

d) Select and apply the appropriate and validated physiology (e.g., cardiorespiratory testing) and biomechanics equipment (e.g., gait and balance assessment) useful to develop the professional intervention.

3 - Communication, motivation, and adherence to physical activity

The Clinical Exercise Professional should be able to:

a) Understand and critically reflect the theories and principles of motivation and adherence in order to engage clients adopting an active lifestyle, regardless of age and clinical conditions⁴;

b) Apply and reflect psychological principles to correctly interpret the behaviour of exercise clients, regardless of age and clinical conditions;

c) Apply and reflect psycho-social aspects of health and fitness, namely, the transtheoretical model, the behaviour change model, and group cohesion, regardless of age and clinical conditions;

d) Analyse the attendance and adherence of clients, their barriers, needs and results in order to identify potential dropouts and increase retention, regardless of age and clinical conditions;

e) Demonstrate appropriate communication, instruction, and feedback skills, regardless of age and clinical conditions;

f) Conduct an informed exercise consultation with different client groups including different age cohorts, special phases of life and clinical conditions.

4 - Exercise testing and prescription for populations with clinical conditions

The Clinical Exercise Professional should be able to:

a) Apply contemporary guidelines for safe practice to health screening, pre-exercise assessment, resting and fitness testing for the populations with determined clinical conditions⁵;

b) Conduct the appropriate testing procedures for all components of fitness and use the results for customized exercise prescription accordingly to client characteristics, regardless of age and clinical conditions;

c) Prescribe safe and appropriate exercise programmes according to the guidelines for the populations with determined clinical conditions, and also regarding sport experience (recreational, competitive or elite);

d) Analyse the dynamic posture and gait analysis of the client in order to customize the exercise prescription, regardless of age and clinical conditions, as appropriate;

⁴ As described in Pedersen and Saltin (2015).

⁵ As described in Pedersen and Saltin (2015).

- e) Apply knowledge of exercise prescription including all exercise prescription components (frequency, intensity, duration, mode, volume and progression of exercise), as well as, physical games and programme designs, regardless of age and clinical conditions;
- f) Develop and implement periodised training programmes, regardless of age and clinical conditions;
- g) Develop and implement programmes for different sports taking into account the physiological and biomechanical demands, as well as the specific motor skills needed, regardless of age and clinical conditions.

5 - Exercise intervention for populations with clinical conditions

Regarding the most common (*) and at least three additional of the following clinical conditions, upon medical clearance:

- (1) Depression (*), anxiety, or stress;
- (2) Parkinson's disease, or multiple sclerosis;
- (3) Obesity, hyperlipidemia, metabolic syndrome, type 2 diabetes (*), type 1 diabetes, or gestational diabetes;
- (4) Hypertension (*), or coronary heart disease;
- (5) Chronic obstructive pulmonary disease, or asthma;
- (6) Osteoarthritis, osteoporosis, back pain (*), or rheumatoid arthritis;
- (7) Cancer (*).

The Clinical Exercise Professional should be able to:

- a) Search and understand the evidence-based benefits and risks of physical activity, participation, and exercise testing;
- b) Apply pre-participation health screening and pre-exercise assessment, and analyse non-communicable diseases and injuries risk factors for different populations with determined clinical conditions;
- c) Understand how the structure and function of the body systems and pathophysiology are affected by growth, gender and ageing, as well as by determined clinical conditions;
- d) Apply knowledge of signs and symptoms increasing the risk of complications during exercise participation and testing;
- e) Apply knowledge of exclusion criteria, potential adverse events and responses during exercise participation and testing, as well as referral back, if necessary;
- f) Select appropriate fitness tests or modifies standard protocols to accommodate monitoring of populations with determined clinical conditions;
- g) Have basic knowledge about the effects of the treatment journey; the stages/complications of that clinical condition; and the most commonly prescribed medications and dietary supplements on exercise response and adaptation;
- h) Use online technology, and m-health to support the provision of services for populations with clinical conditions.

6 - Physical activity and health promotion

The Clinical Exercise Professional should be able to:

- a) Understand the role of sports, exercise and physical activity participation in the prevention of non-communicable diseases and injuries and in the promotion of health⁶;
- b) Apply knowledge of the scientific foundations for health and fitness;
- c) Apply the appropriate questionnaires and/or protocols to detect possible health risks for the client before starting the programme or activity;
- d) Provide general dietary recommendations and strategies to clients for weight loss, muscle gain and general mental and physical health, promoting a healthy lifestyle;
- e) Develop strategies and concepts for exercise promotion activities in order to respond to current health trends. Therefore, the Clinical Exercise Professional should demonstrate the ability to cooperate with other professions, e.g., physical therapists, general practitioners, nutritionists, psychologists, etc.; and work in multidisciplinary teams and clinical settings;
- f) Know the current guidelines and recommendations for physical activity for populations with determined clinical conditions (e.g., Bull et al. 2020), as well as the evidence-base of those guidelines.

7 - Research-based programme development and evaluation

The Clinical Exercise Professional should be able to:

- a) Search, understand and interpret the current status of research in exercise sciences;
- b) Develop new and improve existing evidence-based exercise programmes;
- c) Underpin the potential evidence-based health and fitness benefits of the interventions and programmes and examine the needs of the target groups (i.e., clinical conditions);
- d) Focus on the effectiveness and evaluation of sports, exercise and health programmes and interventions;
- e) Be involved in research projects on the reduction of health problems through sports and exercise;

⁶ It is very important to note that we are referring to the “broad concept of health”, i.e., physical, physiological, social, psychological, and emotional components of health.

- f) Select, apply and analyse the appropriate and validated instruments useful to develop the professional intervention (e.g., questionnaires of self-perception of health, quality of life, motivation, physical activity level, intensity and activity monitors, check list for supervision of other professional, etc.);
- g) Collect and analyse data to address research questions related with exercise and physical activity of populations with clinical conditions.

V – Recommended methods of learning outcomes assessment

To register as a Clinical Exercise Professional the learner must achieve all learning outcomes defined in this document. Below are examples of assessment methods for individual learning outcomes. The universities and the other training providers do not have to limit themselves to these methods. However, their selection must be logical, e.g., the skills to implement exercise programmes to clinical populations cannot be confirmed through a theoretical test only.

The recommended assessment methods:

1. To assess the learner’s knowledge – various forms of theoretical tests, including descriptive tasks and multiple-choice questions.
2. To assess the learner’s skills to plan an exercise programme, and adapt exercises to specific pre-clinical and clinical populations - written practical task consisting of the independent preparation and implementation of an exercise programme/session with proposed modifications for the situations specified in the case description of the client (case study).
3. To assess learner’s ability to implement an exercise programme, communicate with pre-clinical and clinical clients and provide information on physical activity and healthy lifestyle, focused on their needs and resources – observation in simulated conditions: observation in simulated conditions can take place live or be documented through video material.

Unit Learning outcome	Learning outcomes	Recommended method of learning outcomes assessment
1	All learning outcomes	Theoretical test with descriptive tasks
2	All learning outcomes	Practical tasks and theoretical test
3	a)	Theoretical test with descriptive tasks
3	b) to f)	Practical tasks and theoretical test
4	All learning outcomes	Practical tasks and theoretical test

5	a) c) and g)	Theoretical test with descriptive tasks
5	b) d) e) f) and h)	Practical tasks and theoretical test
6	a) and f)	Theoretical test with descriptive tasks
6	b) to e)	Practical tasks and theoretical test
7	c) and d)	Theoretical test with descriptive tasks
7	a) b) e) f) and g)	Practical tasks and theoretical test

To fulfil the Clinical Exercise Professional profile requirements, the candidate must confirm the achievement of all learning outcomes defined in this document (i.e., any document describing the methods of learning outcomes assessment). In accordance with the Bologna process, universities have their own education quality assurance systems, including procedures for verifying and documenting the learning outcomes achieved by students. Therefore, we leave the choice of procedures in this area under the responsibility of the university. Nevertheless, we would like to pay attention that the educational credits that are to be the basis for registration in EREPS are granted in the correct way.

VI - Clinical Exercise Professional – EQF Level 7 - Requirements Profile

The requirements profile for the registration of the Clinical Exercise Professional has three components, as follows.

Qualification Requirement

The Clinical Exercise Professional (level 7) registered at EREPS, is a **Graduate Exercise Professional** (level 6) that holds a **master degree** with, at least, the amount of credits listed below, for each of the contents considered as essential and specific to fulfil the occupational roles described for this professional. Note that the master degree may be specifically in Exercise Sciences, but also in Sport Sciences, Physical Education, or have other title, which might not reflect those contents. In addition, all registered professionals need to abide the EREPS “**Code of Ethical Practice**”.

Experience Requirement

A Clinical Exercise Professional is expected to work in the health and fitness industry as a professional having research knowledge with considerable experience in the field (**minimum 500 hours**) as a Graduate Exercise Professional. It must have been accomplished in a health and fitness setting or equivalent after graduation. Note that a verified statement from the employer or any other person in charge is compulsory.

Degree Content Requirements

Most master programmes in Europe comprise a total of (60+60=) 120 ECTS, although some countries have (60+30=) 90 ECTS. For this purpose, specific Exercise Sciences content must comprise of at least 45 credit points based on European Credit Transfer System (ECTS) total within a degree coming from each of the following academic areas:

- Fundamental or Applied Physiology / Health Sciences for determined clinical conditions (minimum 3 credits)
- Fundamental or Applied Pedagogy / Psychology for determined clinical conditions (minimum 3 credits)
- Fundamental or Applied Biomechanics / Motor Control for determined clinical conditions (minimum 3 credits)
- Exercise Prescription, Fitness Testing and Exercise Implementation for Clinical Conditions (minimum 10 credits)
- Physical Activity and Health Promotion for determined clinical conditions (minimum 4 credits)
- Exercise Science Research Methods and Analysis (minimum 4 credits)
- Optional contents with high relevance in a fitness or exercise setting (e.g., Nutrition, Management, Marketing/Sales, Leadership, Communication, Presentation, etc.) (minimum 3 credits)
- Fitness Practicum or Dissertation in Exercise Sciences applied to one of the populations with clinical conditions (minimum 15 credits).

It should be noted that these contents may be embedded in a variety of papers, modules or courses within a degree rather than as specifically nominated topics. On the other hand, the 45 ECTS required for the indicated academic areas may not have to be completed within the same academic programmes. It means that a student can attend specific courses in other programmes/universities, in the case the degree does not fulfil the requirements (e.g., a Physical Education program may not cover the contents about nutrition, thus the student may obtain those credits by attending classes in an exercise science program/single course at another university or vocational training provider, in other period of time). A valid document stating the attendance of these courses and the achievement of all occupational knowledge and competencies specified for the Clinical Exercise

Professional is obligatory to register at EREPS. Each person applying for EREPS registration at this level will be contacted by an 'assistant' in order to check the required documents, if needed. This may involve direct contact with the employer(s) or the academic staff of the person applying for registration.

References

Pedersen BK, Saltin B. Exercise as medicine - evidence for prescribing exercise as therapy in 26 different chronic diseases. *Scand J Med Sci Sports*. 2015 Dec;25 Suppl 3:1-72. doi: 10.1111/sms.12581. PMID: 26606383.

Bull FC, Al-Ansari SS, Biddle S, Borodulin K, Buman MP, Cardon G, Carty C, Chaput JP, Chastin S, Chou R, Dempsey PC, DiPietro L, Ekelund U, Firth J, Friedenreich CM, Garcia L, Gichu M, Jago R, Katzmarzyk PT, Lambert E, Leitzmann M, Milton K, Ortega FB, Ranasinghe C, Stamatakis E, Tiedemann A, Troiano RP, van der Ploeg HP, Wari V, Willumsen JF. World Health Organization 2020 guidelines on physical activity and sedentary behaviour. *Br J Sports Med*. 2020 Dec;54(24):1451-1462. doi: 10.1136/bjsports-2020-102955. PMID: 33239350.

08-05-2023



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