



CONSORTIUM OF ACCREDITED HEALTHCARE ORGANIZATIONS



INVITES APPLICATION FOR BASIC PROGRAM TO TRAIN CPQIH (Certified Professionals For Quality Implementation In Hospitals)

CAHO is conducting the *NBQP approved training program* for healthcare professionals towards *Implementation of NABH Pre-Accreditation Entry Level Certification Standards in Hospitals/ Healthcare Organizations.*

Eligibility criteria:

- ❖ Doctors : MBBS with 3 years and BDS with 5 years
- ❖ Administrators : PG/ Diploma in administration with 3 years
- ❖ Nurses : B.Sc with 5 years or M.Sc with 3 years
- ❖ Allied Health : Bachelor's with 5 years or Master's with 3 years

Desirable:

- ❖ Work experience in accredited hospitals
- ❖ Good understanding of hospital practices and NABH standards
- ❖ Communication and presentation skills
- ❖ Computer and internet skills
- ❖ Willing to commit at least 2 days in a month for mentoring

How to apply :

Offline -

- Apply by email to CAHO (cahocpqih@gmail.com) with your current CV & job description along with application form
- Subject of the email - **Application for Basic CPQIH - Your name**

Online - <http://caho.in/online-application-cpqih-cpqil-cphic>

Last date for receiving the application : 10am - 8th Oct, 2017

Short listed candidates will be announced on 9th Oct, 2017

Training program:

- ❖ Duration - 3days (21st to 23rd Oct, 2017)
- ❖ No. of seats – 30
- ❖ Venue – Aster MIMS, Calicut

Program fees - Rs.10500/- (including taxes)

Travel & stay will have to be borne by the candidates.

Certified candidates will be eligible for taking part in advanced training program as and when announced.

Contact : Dr. Sakshi (9899697587) & Dr. Bala Murugan (7025294400) for more details.



Committed to Safer Patient Care

BASIC PROGRAM TO TRAIN CPQIH

Application Form

1. Name :
2. Age :
3. Qualification :
4. Designation :
5. Current organization :
- 6 Total work experience (in years) :
- 7 Type of professional – Doctor/ Nurse/ Administrator/ :
Allied Health - Physiotherapy/ Dental etc/ Others
- 8 Is your current organization Accredited /
Certified, since which year ? :
- 9 Do you have past experience

in accredited hospital/ year ? :
- 10 Are you currently involved in Quality
implementation at your Hospital? :
- 11 Years of experience in quality :
- 12 E-mail :
- 13 Contact :
- 14 Address :
- 15 City :
- 16 State :

AFFIX YOUR
RECENT
PHOTOGRAPH

I certify that all the information provided by me are true to my knowledge and if found at any time that the information is not true, my training in CAHO shall be eligible for cancellation without notice.

DATE:

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SIGNATURE OF THE APPLICANT