

APPLICATION FOR SURVEY

The undersigned hereby applies for an Accreditation Survey by Malaysian Society for Quality in Health (hereinafter called MSQH).

The undersigned agrees to assist the surveyors appointed by the MSQH to survey the premises, facilities, organisation and operations, including documentation.

The undersigned hereby acknowledges having read the terms and conditions and agrees to all of them.

The undersigned certifies that the contents of this application form are true and correct.

Date this _____ of _____
(day) (month) (year)

(Name of Medical Clinic)

(Corporate ownership)

(Postal Address)

(Phone)

(Fax)

(e-mail)

Signed on behalf of the above facility

Signed on behalf of the MSQH:

(Person-in-Charge)

(Chief Executive Officer or Director)

(Please print name & Chop)

(Please print name & Chop)

(Date)

(Date)

(See terms and condition attached)

ACCREDITATION SURVEY APPLICATION TERMS AND CONDITIONS

1. The MSQH shall give consideration to the report of the surveyors following such survey and shall by such method as they shall determine, and in consideration of such knowledge concerning the medical clinic/facility, determine the Accreditation status of that medical clinic/facility;
2. The MSQH shall have power to issue Certificate of Accreditation setting out the Accreditation status of the medical clinic/facility;
3. Certificates of Accreditation shall be valid for four years or for such other duration as the MSQH shall determine;
4. Certificates of Accreditation issued by the MSQH shall be and remain the property of the MSQH and shall be held by a medical clinic/facility at the pleasure of the MSQH and shall be recallable by the MSQH for non-compliance with standards or for any cause as determined by the MSQH and when the MSQH by the signature of its officers recalls a certificate, the medical clinic/facility shall be bound to surrender it;
5. Any medical clinic/facility shall have the right to request a review of an Accreditation ruling made by the MSQH with respect to that medical clinic/facility provided that the appeal is based upon evidence of incomplete or inaccurate information available to the MSQH at the time the Accreditation status of the medical clinic/facility was decided;
6. An intention to seek a request for review made by a medical clinic/facility shall be considered valid if it is lodged in writing and addressed to the Secretary of the MSQH within thirty (30) days of notification to the medical clinic/facility of the Accreditation status by the MSQH. Supporting documentation must be lodged within a further thirty (30) days. If this does not occur the appeal will lapse. An appeal fee is to be paid when lodging the appeal notification.
7. MSQH shall have sole discretion to determine the method of hearing any review;
8. Any costs of the review process shall be borne by the appellant medical clinic/facility;
9. Decision of the review committee shall be final;
10. Neither the MSQH nor any member, officer or employee of the MSQH nor any person acting on behalf of the MSQH shall be liable in respect of any loss or damage suffered by the applicant medical clinic/facility as a result of an act or thing done or said or reported pursuant to an application of an Accreditation survey. The loss or damage referred to shall mean, and include without limiting the foregoing, loss or damage caused by the negligence or willful act or default of the MSQH whether or not such loss or damage is foreseeable or contemplated by the MSQH;
11. Should the ownership of the facility/organisation changes during the period of accreditation, the MSQH must be informed.

DETAILS OF FACILITY REQUESTING MSQH SURVEY

Please complete the following details so that the MSQH may better assess the composition of the survey team and the length of survey required:

The clinic/facility opened in the year
Should there be any changes prior to the survey, contact the MSQH as soon as possible.

The clinic/facility has/has not been surveyed previously (Date)

Please tick (x) in the table below to indicate Services or Functions available:

Services	
Radiology Service	
Lab Services	
Pharmacy Service	
Anaesthetic Services	
Day Surgery Services	
Allied Health Professional Services	

Please provide details of major changes in roles, extra services etc since the last survey.

Does the clinic/facility have any subsidiary units under its current management structure? If so, please detail the name, type of each unit and distance from the main facility.

Community/outreach services: number of units, full description and distance from main facility

Other relevant information which may help in the allocation of numbers of survey days and surveyors.

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FOR OFFICE USE	
Survey Date	
Total no. of surveyors required	
Accreditation Fee	