

Register ONLINE



STEP 1

To access registration form please scan the qr code or go to <http://bit.ly/2Hf3nQi>

STEP 2

Complete your registration form and submit to MSQH



STEP 3

Confirmation notification will be sent to the email address given



FINISH REGISTRATION

Confirmation will be sent to the contact person



REGISTRATION FEE

for selected participants
RM 500.00

CONTACT PERSON

1. Noramiza Md Nasir | noramiza@msqh.com.my
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msqh@msqh.com.my

MSQH

EDUCATOR
ENABLER
EVALUATOR

MALAYSIAN SOCIETY FOR QUALITY IN HEALTH

Surveyors' Training Programme

Date : 4 - 5 November 2019

Venue : Hospital Pusrawi

Lot 149, Jalan Tun Razak, 50400 Kuala Lumpur.

The candidates to be selected shall fulfil the following criteria:

1. Prospective surveyors are expected to be currently employed in one of the following positions (however titled) in a facility with more than 50 beds (public or private sector) and with the previous three (3) years in a senior management/clinical position):
 - Medical Director or Chief Executive Officer (with medical background)
 - Consultants/Senior Clinicians
 - Director of Nursing
 - Hospital Engineer/Engineer (experience in managing hospital facilities)
2. Prospective surveyors are expected to have:
 - 10 – 15 years of working experience;
 - Knowledge of: Healthcare System, Contemporary Clinical Practices, Management Strategies and Quality & Safety in Healthcare;
 - Good interpersonal and communication skills;
 - Commitment to the Accreditation Program

APPLICATION FOR MSQH SURVEYOR TRAINING

I, below name desire to be considered for the selection of MSQH Surveyor Training

Name :

Address :

City : State :

Postal code : Country :

CONTACT INFORMATION

Office No : Fax No :

Home No : HP No :

Email :

Current Position :

Organisation/Facility :

.....
(Applicant Signature)

I attach the following documents

A copy of my Curriculum Vitae

Photo

A copy of current position description

Name :

Date :

We support the application of to be a MSQH Surveyor

1. Chairman / CEO/ Director of Applicant's Organisation

1. Current MSQH Surveyor

.....
(Signature)

.....
(Signature)

Name :

Name :

Designation :

Designation :

Date :

Date :

FOR OFFICE USE

Date Received :

Approved by

Selection for Training

.....

Selected

Deffered for later training

Not Selected

Chairman Accreditation
Committee