

**CPHQ Preparation Course**

**Registration Form**

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| **Last name :** | **Middle :** | **First name :** |
| **Date of Birth :** |
| **Place of work :** |
| **Region/ City :** |
| **Phone No. :** |
| **Fax No. :** |
| **Mobile No. :** |
| **Email Address :** |
| **Qualification :  Bachelor  Postgraduate Diploma Master  PhD** |
| **Specialty: Physician  Pharmacist  Specialist Administrator**  |
| **Experience and past positions:****-****-****-****-****-** |
| **Experience in health care quality:****-****-****-****-****-** |
| **English language competency:  Fair Good Excellent** |
| **Computer skills:  Fair Good Excellent** |