

WORKSHOP REGISTRATION FORM



COURSE DETAILS: Please check the box of your choice

Certification workshop Title	Period	Cost/Fees
<input type="checkbox"/> Principles of Performance Measurement & Data Collection	End of January 2015	300 JD
<input type="checkbox"/> Principles of Quality Management and Patient Safety	End of July 2015	300 JD
<input type="checkbox"/> Information Management Workshop	End of October 2015	300 JD
<input type="checkbox"/> What Make Practice Evidenced Based Workshop	End of December 2015	300 JD

PERSONAL INFORMATION

Full Name _____

Current Position _____ Education _____

Tel _____ Fax _____

Mobile _____ Email _____

Name of the organization you are affiliated with _____

Please check your preferred method of communication:

Email Fax Telephone Other.....

TRAINING COMPLETED Kindly fill the table below with any training you have completed starting with the most recent.

workshop Title	Attended at	Date

WORK EXPERIENCE kindly fill in the table below with your previous work experience starting with the most recent

Years		Organization Name	Position
From	To		

Kindly describe any responsibilities you hold in your current job that relate to the topic of your selected certification

course: _____

CERTIFICATION COURSES REGISTRATION FORM



REGISTRATION

Your completed registration form (link to the form) can also be sent by:
Fax: +962 6 5853070

Please make sure to attach your most recently updated CV.

An invoice will be sent to you upon receipt of your completed registration form , your reserved seat will only be confirmed upon full payment for the requested course .

METHODS OF PAYMENT

- Wire transfer to be deposited directly into the Healthcare Accreditation Council Housing Bank Account (Bank Details below)

Wire Transfer Details :

Bank : Bank Al Etihad

Branch : Abdoun

Account Name : Health Care Accreditation Council

Account Number : 0250103895215101

IBAN No. : JO04 UBSI 1150 0002 5010 3895 2151 01

Swift Code : UBSIJOAXXX

CANCELLATION & REFUND POLICY

A 50% refund will be granted to cancellations submitted at least 10 working days before the start of the course .

There will be no refund for any other cancellation.

Please make sure to send your cancellation by **email to : ECD@hcac.com.jo** or **fax: +962 6 5853070**

HCAC OFFICE CONTACT INFORMATION

Health Care Accreditation Council

Address: Al Ra'fah Complex, 2nd floor, Bldg. 58, Abdullah Ghousha Street

P.O..Box 811971 Amman 11181 Jordan

Tel.: +962 6 5814100. Fax: +962 6 5853070

FREE HOTLINE: 080022755

Email: ECD@hcac.com.jo /Contactus@hcac.com.jo

Website: www.hcac.jo