



CHART INSTITUTE

CHART Institute Patient Safety Scholarship Application

Legal Name in Full
(Print/Type)

CHART Member
Hospital

Last Name

First Name

M.I.

Title/Position

Permanent Residence

House Number, Street, and Apartment Number

Telephone

City

State

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E-mail Address

Certification
(Circle One)

CPPS

CPHRM

1. Describe your interest and experience in the field of patient safety and/or risk management



2. Describe how the certification will benefit your hospital and patients

3. Outline your plan for completion of certificate requirements within 18 months

If awarded the Scholarship I, _____, agree to complete all requirements for the CPPS or CPHRM certification within 18 months and submit proof of certification.

Signature: _____

Applications must be sent to chartinstitute@chartrrg.com

All applications must be received by CHART Institute by October 31st.

