



CMH Fellowship in Quality Improvement and Patient Safety Application Form

PERSONAL DATA

Name (first, middle initial, last):

Professional Degree(s):

Are you a citizen or permanent resident of the United States? Yes: _____ No: _____

QUALITY IMPROVEMENT AND PATIENT SAFETY EXPERIENCE

Please list all experience you have had in quality/safety.

Dates	Institution	Description of project & your role (2-3 sentences only)

INSTRUCTIONS:

1. Please provide a curriculum vitae.
2. Please provide a personal statement (600-word max) and briefly describe
 - a. your professional and personal interest in the QIPS position and how the experience aligns with your career plans
 - b. what you hope to accomplish and how the program and residents will benefit
 - c. any additional information that may be helpful to the selection committee

CANDIDATE NAME: _____
(serves as signature)

DATE: _____

Please save a completed copy of this application, along with your CV and personal statement and e-mail to Griselda Barrett, IM Program Coordinator, at gbarrett@cmhshealth.org.

Applications are accepted on a rolling basis. At this time, this position is only open to internal candidates.