**CAS in Medication Safety**

**Registration form for Individual Modules / Course Days**

Please complete and sign the registration form and send it to [**casmedicationsafety@insel.ch**](mailto:casmedicationsafety@insel.ch)**.**

Registrations will be processed by date of receipt. The director of studies will verify your prerequisites for admission to the certificate pogram and submit your application to the program board.   
Permission to participate is decided by the program board.

|  |  |
| --- | --- |
| **1. Please indicate the module or day of the course you want to participate in**#**:** | |
| Module 1  Introduction to Medication Safety | 🞏 Entire module (3 course days)  🞏 Module 1.1 (3 Nov 2023)  🞏 Module 1.2 (16 May 2025)  🞏 Module 1.3 (Jun 2025) |
| Module 2  Risk Management | 🞏 Entire module (3 course days)  🞏 Module 2.1 (5 Dec 2023)  🞏 Module 2.2 (16 Jan 2024)  🞏 Module 2.3 (18 Apr 2024) |
| Module 3  System & Processes | 🞏 Entire module (2 course days)  🞏 Module 3.1 (10 May 2024)  🞏 Module 3.2 (24 Jun 2024) |
| Module 4  Education | 🞏 26 Sep 2024 |
| Module 5  Interprofessional Collaboration | 🞏 Entire module (2 course days)  🞏 Module 5.1 (3 Dec 2024)  🞏 Module 5.2 (20 Jan 2025) |
| Module 6  Technologies | 🞏 13 Feb 2025 |
| Module 7  MSO & Leadership | 🞏 Entire module (3 course days)  🞏 Module 7.1 (10 Nov 2023)  🞏 Module 7.2 (14 Mar 2025)  🞏 Module 7.3 (10 Apr 2025) |
| Total number of course days you wish to participate in# |  |
| Comments |  |

#Fees per course day: CHF 600

|  |  |
| --- | --- |
| **2. Personal details** | |
| Title |  |
| Last name |  |
| First name |  |
| Date of birth (dd mm yyyy) |  |
| Nationality |  |
| Mother tongue |  |
| Phone |  |
| Email |  |

|  |  |
| --- | --- |
| **3. Professional details** | |
| Current employer |  |
| Current professional activity |  |

|  |  |
| --- | --- |
| **4. Private address** | |
| Street, number |  |
| Postal code |  |
| Town |  |

|  |  |
| --- | --- |
| **5. Billing address (if different from private address)** | |
| Name |  |
| Institution/Company |  |
| Street, number |  |
| Postal code |  |
| Town |  |
| Additional billing details for employer (reference, account no., …) |  |

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| **6. How did you learn about the CAS in Medication Safety?** |
| 🞏 Website  🞏 Flyer  🞏 Social Media  🞏 Recommendations:  🞏 Other: |

|  |  |  |
| --- | --- | --- |
| **7. Registration confirmation & Cancellation Policy\*** | | |
| I herewith register for the indicated module(s)/course day(s). | | 🞏 |
| I accept the cancellation policy for this event\*. | | 🞏 |
| I acknowledge the course fees of CHF 600 per course day and accept to pay the fees upon confirmation of my registration. | | 🞏 |
| Place, Date: | Signature: | |

\*Cancellation Policy: Cancellations by participants are only possible in writing by email or letter. Cancellation will be confirmed by the program management. Cancellation of individual course days/modules is possible before the end of the registration deadline (5 working days before the course day/start of the module) without incurring any costs. Cancellations after expiry of the registration deadline (within 5 working days before the course day/start of a module) will be charged half of the initially calculated total fee (see fees in table 1). Non-attendance or discontinuation of a course day/module will be charged in full.