CAS in Medication Safety – Registration form

Please complete the registration form electronically and send the signed form together with a **copy of your ID** to **casmedicationsafety@insel.ch****.**

**Registration deadline: 31 August 2025**

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.

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| Personal details |
| Matriculation number(mandatory; can be requested by university if required) |  |  |
| Title |  |  |
| Last name |  |  |
| First name |  |  |
| Date of birth (dd mm yyyy) |  |  |
| Mother tongue |  |  |
| Nationality |  |  |
| AHV Number |  |  |

|  |  |  |
| --- | --- | --- |
|  | Private address  | Work address |
| Company |  |  |
| Additional billing details and references |  |  |
| Street, number |  |  |
| Postal code |  |  |
| Town |  |  |
| Telephone |  |  |
| Mobil |  |  |
| Email |  |  |
| URL |  |  |
| Please indicate which contact address is intended to be used for |  |  |
| Email correspondance | 🞏 | 🞏 |
| Billing | 🞏 | 🞏 |

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| Education |
| Academic degreesPrevious universitiesPlease send us a copy of your academic certificates. |  |

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| **Professional details** |
| **Current employer** |  |
| **Current professional activity** |  |
| **Envisaged professional activity** (if applicable) |  |
| **Comments**(particularly related to deviations from the admission requirements) |  |
| **Motivation****What do you expect from the CAS in Medication Safety?****Which goals do you hope to achieve by attending the course?** |  |
| **How did you learn about the CAS in Medication Safety?** | 🞏 Website🞏 Flyer🞏 Social Media🞏 Recommendations🞏 Other: |

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| **Registration** |
| I herewith register for the CAS in Medication Safety. | 🞏 |
| I am aware that confirmation of my registration by the program management is mandatory to secure the registration. | 🞏 |
| I acknowledge the course fees of CHF 8950 for the entire course and accept to pay the fees upon confirmation of my registration. | 🞏 |
| Place, Date:Signature: |