**ACADEMY OF**



**HEALTH PROFESSIONS EDUCATORS, INDIA**

**Application for expression of interest in hosting National Conference on Health Professions Education (NCHPE)**

*(Attach complete details as Appendices wherever required)*

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| 1. **Name and address of the health science institution** |  |
| 1. **Name, contact number and email of the Dean/Principal of the health science institution** |  |
| 1. **Details of Organizing Secretary (name, designation, discipline, contact number, email):** |  |
| 1. **Faculty members with Fellowship/ advanced training in medical education / health professions education** |  |

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| 1. **Details of Health Professions Education Unit (HPEU/ MEU) of the institute (Please provide overview in the table; attach relevant annexures with complete details)** | |
| **Date of establishment** |  |
| **Composition along with qualifications** |  |
| **Activities conducted in the last 5 years** |  |
| **Courses conducted** |  |
| **Publications in the last 5 years** |  |
| **Educational research papers/posters presented in conferences in the last 5 years** |  |

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| 1. **Please write in brief (100-200 words) a compelling statement/ reason why your institution should be favorably considered to host National Conference of the Academy of Health Professions Educators.** |
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| 1. **What would be the theme of the conference you are planning to host? What is the relevance of this theme in the current context of the state of HPE in our country?** |
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| 1. **Briefly describe the organizational capacity of the health science institution**   **(large hall for holding sessions, small halls for organizing workshops, ability to host 350+ people, in the city or hotels or guest houses etc.)** |
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| 1. **List previous experience in hosting conferences in/by your Institution (Please attach the list if required)** |
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| 1. **What would be the institutional support for hosting the NCHPE?** |
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| 1. **What would be the source of funds for the NCHPE?** |
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Signature Signature

Organizing Secretary Head of Institution