

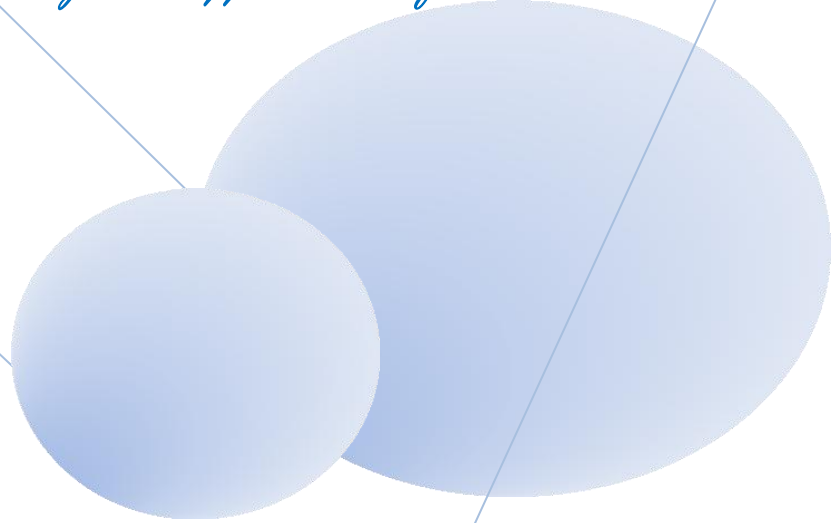


# HeSMA

HEALTH SYSTEMS  
MANAGEMENT ASSOCIATION



*Systems Approach to influence Health*



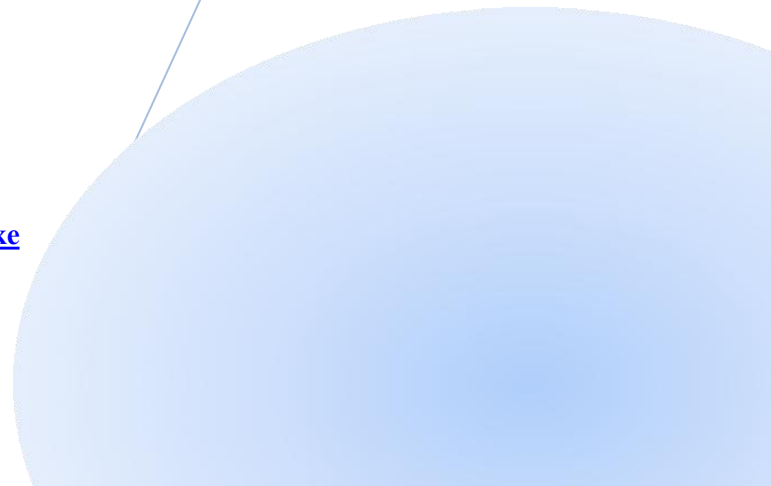
## Application For Credentialing And Certification Of Health Systems Managers

Associate HSM (AHSM)

Diplomate in HSM (DHSM)

Fellow HSM (FeHSM)

PO Box 22595 Nairobi 00505: Email [info@hesma.or.ke](mailto:info@hesma.or.ke)  
Telephone +254-020-2330034 Cell 0729872543





## INSTRUCTIONS

Completing this application is the first step toward earning your professional qualification Credentials in Health systems management. Please read and complete each section fully and accurately in clear, legible handwriting or type. The sections are as follows

**Section A:** Biographic and Academic details. It's required that leaders/Managers must satisfy the credentialing committee that they have attained the prerequisite academic qualifications as prescribed *Guidelines for Credentialing of Members for Professional Certification Section 9.0 to 11.0*

**Section B:** Management and Leadership professional experience in terms of years must be 2 years and above as prescribed in section 7.2 and 7.4 in the Guidelines mentioned above in Section. *At the time you submit your application you must currently hold a leadership/management position in health sector with at least TWO years of experience.*

**Section C:** During application evaluation process, members must show proof of active engagement in community services. Community service is a non-paying job performed by one person or a group of people for the benefit of the community or its institutions. Read more on this in the guidelines mentioned in above, sections 7.3 and Operational Definitions.

**Section D:** For Use by the credentialing team members. Refer in the guidelines in Section A to C on the roles and function of the team.

If you have any questions, please call us on +254-020-2330034 or email [info@hesma.or.ke](mailto:info@hesma.or.ke)

### To apply you need;

Print a hard copy and fill using blue or black pen, attach copies of documents and deliver (hand copy through post or courier/post to our offices at KeMU Hub, Koinange Street, off University Way Nairobi, PO Box 22595 Nairobi 00505. These hard copies documents could also be scanned and sent to us on PDF to [info@hesma.or.ke](mailto:info@hesma.or.ke)

Or

Enter details online on the word document as provided, sign electronically, attach the needed document on PDF and send to us on [info@hesma.or.ke](mailto:info@hesma.or.ke) with a subject title Application for Credentialing and Certification

### Application/Renewal fee

**Initial Application:** One session and application review by the committee is 20,000Kshs. Based on the level of certification, reapplication for renewal is 3 years (Fellow), 2 years (Diplomate) and 1year (Associate) All fees must be submitted before certification process begin.

**Renewal fee:** Associate- Every year for 4500shs, Diplomate- Every 2 years for 8500 and Fellow-Every 3 years for 13,500shs. This is subject to maintenance to an approximate 20 credit points per year. If you are an active HeSMA member your membership fees will be transferred on to this credentialing fee and you ONLY pay the difference.

The application fee is non-refundable. If the application is not approved the pending issues will be communicated and a reapplication filed. You will not be required to submit payment on the first re-application. Any application beyond the Re-Application the candidate will be required to pay full amount.

**Feedback :** This will be provided to successful candidate within 14 days of application. If your application is not complete this will be communicated in the first 30 days.



**SECTION A: PERSONAL DETAILS**

1. BIOGRAPHIC				
Surname :		First:	Middle:	Gender:
Date of birth:		ID/passport		Phone:
Postal/ Physical address:			Email address:	
Town:		County:		Work Station:
Email:		Phone Number(s):		
2. ACADEMIC BACKGROUND				
Diploma			Attach Copy of Certificate	
----- Diploma	----- College	----- Year	Yes	Pending
1 <sup>st</sup> Degree			Attach copy of certificate	
----- Degree	----- University	----- Year	Yes	Pending
2 <sup>nd</sup> Degree			Attach copy of certificate	
----- Degree	----- University	----- Year	Yes	Pending
3 <sup>rd</sup> Degree			Attach copy of certificate	
----- Degree	----- University	----- Year	Yes	Pending
Professional courses on leadership, management or governance in health care		Duration		Attach Copies of certificates/certificate of participation
i:				Yes Pending
ii:				Yes Pending
iii:				Yes Pending
iv:				Yes Pending
v:				Yes Pending
vi:				Yes Pending
vii:				Yes Pending



**SECTION B: MANAGEMENT AND LEADERSHIP PROFESSIONAL EXPERIENCE**

*A healthcare management position is one in which the applicant is employed by a healthcare organization or by an organization whose purpose is to influence the growth, development or operations of a healthcare organization. Examples of positions include in-charge, Superintendent, Manager, Supervisor, Coordinator, Director, Chief Executive Officer etc which includes control of departmental budgeting, planning and staffing and accountability to senior management for department performance.*

EMPLOYMENT AND CAREER DEVELOPMENT				
Employment Status	Formal:	Self:	Other:	Station:
Positions held				
	Name of employer	Position held	Number of years	
Employer reference details: (Any of the above) Name: Title:		Relationship: (e.g. supervisor)	Telephone:	Email:
<p><i>Attach TWO-page Statement Of Interest describing the following</i></p> <p><i>a) Your career path.</i></p> <p><i>b) Why you would like to be granted the certification.</i></p> <p><i>c) What do you desire to achieve with this certification for your organization, community and society.</i></p>				
<p><i>Mentorship is key in health leadership and management. To be successful, aspiring health leaders require role models and guidance. This framework is intended to help you see value in influencing others through mentorship (refer to the Credentialing and Certification framework 5.0 Objectives and Key Performance indicators and answer the following;</i></p>				
<p><i>What role has mentoring played in the development of your career? (Specifying one case that's outstanding)</i></p>				
<p><i>Please describe your mentor/mentee in: Briefly describe one or two outstanding mentors/mentees and how that relationship has contributed to development of your career</i></p>				
<p><i>What are your plans in mentoring other healthcare leaders in their careers?</i></p>				



**SECTION C: COMMUNITY SERVICE AND PUBLICATION**

List the activities you are involved in within your community as part of community service	Number of hours/Months	Attach Pictures, letter of nomination, appreciation as applies	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			
<b>f</b>			
<b>g</b>			
Have you published in the last 3 years? Have you been featured by dailies, articles or in newsletters in the last 3 years?	Any research project, articles, book reviews, blog spots, word press or Journal publication		
<b>Publications/Feature Title</b>	<b>Month/year</b>	URL/Web link, Clip/Article scanned copy	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			
<b>f</b>			
<b>g</b>			
<b>h</b>			

*By submitting this application, I pledge to abide by Bylaws, Code of Ethics, Regulations and other rules for health managers [available here](#). I also authorize the verification of the information provided on this application as to my credit. The information entered therefore is accurate to the best of my knowledge.*

Signature.....Date.....



**SECTION D: CERTIFICATION AND CREDENTIALING**

**FOR OFFICIAL USE ONLY**

Committee notes and comments:

Date application received		Application #	
Date Of Committee Consideration		# Members Present	
Accepted/ <b>Pending:</b> (A or P)		HeSMA Reg: (where applicable)	
(Name and Signature of Credentialing Officer)			
Name and Signature of Chair of Committee)			