



70 Washington Street
Suite 215
Oakland, CA 94607

510.874.7102 (Ph)
510.874.7111 (Fax)

CEO Approval for Kaiser Permanente IHI Scholarship Fund

Date: _____

Name of Scholarship Applicant: _____

Applicant's Position/Job Title: _____

Applicant's CAPH Hospital/Health System: _____

Applicant's Phone: _____ Applicant's Email: _____

IHI Program for which you are seeking scholarship support:

We are asking for two (2) or more folks from your system to attend these programs to spread broader throughout the organization.

1. What is your purpose for attending: _____
2. What delivery system improvement is your hospital undertaking: _____

Approval by CEO or Designee

Name and Title of CEO or Designee: _____

CEO or Designee's Signature: _____

Please return this form by fax to Angelina Ramos at 510-874-7111 or email to aramos@caph.org with the subject "IHI Scholarship-CEO Approval".