



**ASSESSOR GUIDE
FOR
NURSING EXCELLENCE CERTIFICATION
PROGRAM**



Assessment Schedule - NAF 1

Name & address of Hospital:		
Hospital Coordinator:	Date(s) of Visit:	
Type of Visit: <i>Assessment/Reassessment</i>		
Assessment Standard: <i>Standards for Nursing Excellence Certification Programme</i>		
Assessment Timings	Opening/Closing Meeting	
	Date/Time	
Morning: AM to PM	Opening Meeting:	
Afternoon: PM to PM	Closing Meeting:	
<p>Assessment schedule: Principal Assessor to provide details of activities taken up by individual assessors/ technical expert in the following format and obtained their signature. (Separate sheets may be used for individual assessors)</p>		
Name and Expertise of the Assessor	Schedule of Department/ Section/ Activity to be Assessed (date wise)	
	Day 1	
	Morning	Afternoon
Principal Assessor		
Assessor 1		
Trainee Assessor / Expert		
Signature of Assessor		



Assessor's Summary on Non-Conformity - NAF 3

(Please use separate sheet for raising each Non Conformity)

Hospital:	
Date:	Type of Assessment: <i>Assessment</i>
List of Non-Conformities	
Signature & Name of Assessor	



Summary of the Assessment - NAF 4

Name & address of Hospital:					
Nursing Coordinator:			Date(s) of Visit:		
Type of Visit: <i>Assessment/Reassessment</i>					
Assessor 1:					
Assessor 2:					
Other/TE			Trainee Assessor:		
Date of earlier visit and Purpose:					
ASSESSMENT SUMMARY:					
Enclosures	NAF 1	NAF 2	NAF 3	NAF 4	
Acknowledgement by Authorized Signatory of Hospital & Date			Signature of Assessor & Date		



Declaration of Impartiality, Confidentiality & Integrity

(to be filled in by each Assessor and enclosed with the Assessment report)

Name		Assessor ID : (To be filled in by NABH Sect.)
Designation		
Organisation		
Address		
Capacity	<i>Principal Assessor/ Assessor / Trainee Assessor</i>	
Hospital Assessed		
Date of visit(s)		
Type of visit	<i>Assessment/Reassessment</i>	

I _____, hereby declare that

- i. I have not offered any consultancy, guidance, supervision or other services to the hospital, in any way.
- ii. I am/ am not* an ex-employee of the hospital and am/ am not* related to any person of the management of the hospital.
- iii. I got an opportunity to go through various documents of the above hospital and other related information that might have been given by NABH. I undertake to maintain strict confidentiality of the information acquired in course of discharge of my responsibility and shall not disclose to any person other than that required by NABH.

* strike out which is not applicable

Date: Place :	Signature
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