



GHANA PSYCHOLOGICAL COUNCIL

MINISTRY OF HEALTH

CORPORATE BODY FACILITY ACCREDITATION FORM

Upholding Standards, Protecting the People



IN COMPLIANCE WITH PART 5 OF THE HEALTH PROFESSIONALS REGULATORY ACT, 2013 (ACT 587)

Please refer to the guidelines when completing this application Form

1.

DETAILS

2. Name of Body/Agency:
3. Introduction Letter from Owner if practitioner In-Charge is Different from owner.
4. Letter of Intent signed by the owner (application Letter stating the type of facility to be operated, the location (landmark) profession of practitioner –in – charge etc.)
5. Valid National Identification of Owner
6. SSNIT registration for staff (if on salary)
7. Application Fee of GHC500.00
8. Evidence of Full Documentation of Registrar General’s Certification
9. Certificates of Professional Qualification for Practitioners (please provide evidence)
10. Licensure Certificates of Practitioners (please provide evidence)
11. Mission & Scope of Service for the Facility
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12. Aim of Service for the Facility
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.....
.....

13. Objectives of Service for the Facility:

- i.
- ii.
- iii.
- iv.
- v.

14. Guiding Principles.....

- i.
- ii.
- iii.
- iv.

15. Core Values.....

- v.
- vi.
- vii.
- viii.

16. Core Activities of the Facility

- i.
- ii.
- iii.
- iv.
- v.
- vi.
- vii.

17. Names, Qualification and Professional Licensure status of Counsellors at the Facility (Please provide evidence)

- i.
- ii.
- iii.
- iv.

18. Counsellor Requirement (Please state the employment requirement for all the different categories of providers according to their level of training and filed of practice).....

CATEGORY	REQUIREMENT
Certificate in Counselling (Lay Counselling)	
Diploma in Counselling (Lay Counselling)	
Degree in Counselling (Para-professional)	
Masters in Counselling (Professional)	
Doctorate/PhD in Counselling (Professional)	

19. Counsellors Level of Education and Licensure status:

a. Lay Practitioners (Diploma & Certificate in Counselling-all fields) :

FIELD /AREA OF PRACTICE	TOTAL NUMBER	Licensure Status/ Certificate Of Practitioners	
		No Licensed	Number Unlicensed
Total			

b. Paraprofessional/Psychologist’s Assistant:

FIELD /AREA OF PRACTICE	TOTAL NUMBER	Licensure Status/ Certificate Of Practitioners	
		No Licensed	No. Unlicensed
Total			

c. Professionals

FIELD /AREA OF PRACTICE	TOTAL NUMBER	Licensure Status/ Certificate Of Practitioners	
		No Licensed	No, Unlicensed
Total			

Note: For non-Ghanaian: In addition to the above should have:

1. Resident Permit
2. Work Permit
3. A Valid Ghana National Identification Card
4. A Ghanaian Psychologist of equal qualification as the foreign counterpart

20. Infrastructure (Minimum):

- a. One Consulting Room and One Relaxation
- b. Testing Room
- c. Reception/Waiting Area
- d. Utility Room:
 - i. Pantry etc.
 - ii. Toilet (s)

21. Minimum Human Resource Requirement

- a. At least three (3) Ghana Psychology Council fully certified clinical or counselling psychologists (full time; should have worked for at least five years in Ghana)
- b. Two Psychologist’s Assistants (full time)
- c. One Social Worker (full time)
- d. One Clerk or Records Officer
- e. A cleaner
- f. Security officers (for day and night shifts)

22. Staff Development Programmes (Requirements, Policy and Plan)

23. Peer and Professional Assessment of Competencies, Conducts & Behaviours

24. Availability of Constitution/Policy:.....(Provide evidence)

25. Availability of Code of Ethic:(Provide evidence)

26. Availability of Charter:.....(Provide evidence)

27. Name(s) of Institutions and Agencies affiliation (Local and International).....
- a.
 - b.
 - c.
 - d.

28. Bank account Yes/No

29. Other relevant Information.....
- e.
 - f.
 - g.
 -
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**FOR FURTHER INFORMATION CALL:
PHONE: 0503027254**

OR

EMAIL: ghanapsychologicalcouncil@gmail.com

FOR OTHER REGISTRATION FORMS PLEASE CHECK

WEBSITE: www.ghanapsychologicalcouncil.org

Completed Form and attached Document should be sent to:

**THE REGISTRAR
ROOM 5, INSTITUTIONAL CARE DIVISION,
GHANA HEALTH SERVICE –HEAD QUARTERS
ACCRA, OPPOSITE TEMA STATION; ADJACENT TO RENT CONTROL
OFFICE, ACCRA, GHANA**

OR

Be mailed the Completed form and attached document to:

**THE REGISTRAR,
GHANA PSYCHOLOGY COUNCIL
PMB LG61, LEGON POST OFFICE, ACCRA**

**BANKERS
FIDELITY BANK
BRANCH: RIDGE TOWERS
ACCOUNT No: 2090031790018**

FOR OFFICE USE ONLY

Received by _____ Date _____

Checked by _____ Date _____

Amount paid _____
Receipt No _____

Signature of Officer _____ Date _____

*Registrar's Comments: _____

Signature _____ Date _____

Chairman's Approval

Signature _____ Date _____

Approved: Yes/No _____ Date: _____

Registration No _____