



GHANA PSYCHOLOGICAL COUNCIL

PSYCOLOGY AND APPLIED PSYCHOLOGY COURSE ACCREDITATION FORM

MINISTRY OF HEALTH

Upholding Standards, Protecting the People



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

PROGRAMME CONTENT EVALUATION

Please refer to the guidelines when completing this application Form

Requirement

1. Name of Institution/Agency:
2. Introduction Letter from Owner if practitioner In-Charge is Different from owner.
3. Name of College/Faculty:
4. Name of Department/Unit:
5. 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.)
6. Application Fee of GHC5,000.00
7. Evidence of Full Documentation of Registrar General’s Certification.....
8. Aim of the Programmes:
9. Objectives of the Programme:
 - a.
 - b.
 - c.
 - d.
 - e.

10. Title of the Programme (s) for which Accreditation is being sought:

- a.
- b.
- c.
- d.

11. Level of Programme:

- a. Certificate in
- b. Diploma in
- c. BA in
- d. PGD in
- e. BSc in
- f. MA in
- g. MSc in
- h. MPhil in
- i. PhD in

12. Aim of the Programme:

13. Objectives of the Programme:

- a.
- b.
- c.
- d.

14. The Curriculum

- e. List of Core/Mandatory Courses/Subjects and Contact hours for each
 - i.
 - ii.
 - iii.
 - iv.
 - v.

- f. List of Electives/Optional Course/Subjects and Contact hours for each:.....
 - vi.
 - vii.
 - viii.
 - ix.
 - x.
 - xi.

15. Admission Requirement (Please state the admission Requirement for each of the programmes/courses).....

16. Names, Qualification and Professional Licensure status of Lectures (Please provide evidence)

- g. Full time
- h. Part time

17. Names, Qualification and Professional Licence of External Examiners/Moderators (Please provide evidence)

18. Practical Work:

- i. Practicum
- j. Internship
- k. List of Institutions and Agencies for Practical attachments (proof of affiliations)

19. Students Assessment of Course Content and Teaching.....

20. Peer and Professional Assessment of Course Content

21. Ethics Policy

- l. Clinical and applied psychological work.....
- m. Ethics in Research

22. Certification

n. State the name and address of the institution that will examine and award certificate to students on this programme (please provided a copy of agreement as evidence)

23. Staffing: provide data on professional academic and non-professional academic staff by highest qualification.

o. Professional Academic staff

<i>Highest Qualification, Name Institution year of attainment & Licensure Status</i>	Number of Staff		
	Full time	Part time	Visiting
PhD			
MPhil			
MSc			

MA			
BA/BSc			
Total			

p. Professional academic staff

Rank	Number of Staff		
	Full time	Part time	Visiting
Full Professors			
Associate Professors			
Senior Lecturers			
Lecturers			
Assistant Lecturers			
Tutors/Technician			
Total			

q. Non Professional Academic staff

Highest Qualification	Number of Staff		
	Full time	Part time	Visiting
PhD			
MPhil			
MSc			
MA			
BA/BSc			
Total			

r. Administration staff

Rank	Number of Staff	
	Full time/Permanent	Part time/Casual
Total		

24. Administration of Department/Unit Responsible for the Programme (Please state the qualification, experience and leadership Capacity)

25. Staff Development Programmes (Policy and Plan).....

26. Students Enrolment by Programme and Year of Study:

s. Undergraduate:

Programme	Certificate		Diploma			Degree			
	Yr1	Yr2	Yr1	Yr2	Yr3	Yr1	Yr2	Yr3	Yr4

Total									

t. Postgraduate:

Programme	Postgraduate Diploma		MA		MSc			MPhil		
	Yr1	Yr2	Yr1	Yr2	Yr1	Yr2	Yr3	Yr1	Yr2	Yr3
Total										

u. Postgraduate: PhD

Programme	Year 1	Year 2	Year 3	Year 4	Year 5

27. Access to Sources of Information/Library for the Programme

- Does the University, Faculty Department subscribe to electronic resources/Library / Journals?
- Does the University. Faculty Department have access to Library (Physical)?
- Are journals and textbooks etc in the library current and adequate?
- Has adequate space for reading
- Students and Lecturers have access to the internet

28. Availability of Assessment tool that are Valid, Reliable and Culture fair? (For all fields as appropriate: e.g. Personality, Achievement, aptitude, cognition etc)

- Children
- Adolescents
- Adults
- Has adequate space for reading
- Students and Lecturers have access to the internet

29. Availability of a Laboratory and Testing Rooms for the Programme?

- a. Adequate space and ventilation?
- b. Instruments:
- c. Relaxation Chairs.....
- d. Other Equipment
- e. Technician

30. Other Physical Infrastructure for students:

f. For students and staff

- i. Lecture hall/classrooms
 - ii. Tutorial rooms
 - iii. Offices for Staff
 - iv. Offices for PhD Students
 - v. Office for Masters Students
-
- g. The spaces and sizes should be adequate for staff and students
 - h. Good lighting and ventilation
 - i. Sanitation and Toiletries
 - j. Utility:
 - i. Water supply
 - ii. Electricity
 - iii. Standby generator

31. Funding

- a. Funding sources including fees and charges
- b. Bank account

32. Other relevant Information.....

- a.
- b.
- c.

33. I certify that the statements made by me in this application are complete and correct to the best of my knowledge and belief.

Date Signature

**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**

[Note: please refer to the enclosed "Application Checklist" for a complete summary of documentation requirements]

APPLICATION CHECKLIST

(For use by the applicant **ONLY**)

Submission of the following documents is to be arranged by the applicant. Please note that the Board will not consider your application until all documents and the application fee have been received. If you wish to check the status of your application, please contact the Registrar for the Ghana Psychological Council.

All Applicants

1. ___ Application form fully completed and signed.
2. ___ Application fee of {GHS 5000.00 for Nationals; and \$5000.00 for foreigners } (non- refundable and subject to change without prior notification)*
3. ___ Reference from two psychologists who have been familiar with your work for at least one year, and a senior public servants who is acquainted to you .
4. ___ Certified copies of official transcripts & copies of certificates of all undergraduate and graduate degrees and full address of each of the institutions attended including email addresses should be provided.
5. ___ Full curriculum vitae & one (1) Passport size picture
6. ___ (a) Applicants who will still require a year of supervision or post-doctoral experience signed supervisors' agreement forms from your proposed primary and standby supervisors is required.

(b) Applicants requesting waiver of the Board's supervision requirement two assessments by professional colleagues of your supervised, post-doctoral experience are required.

Additional Requirements- If Applicable

7. If formal conferral of your master's/doctoral degree has not taken place and therefore is not indicated on the official doctoral transcript, the Council will require a statement from the Registrar of the university where you earned your degree confirming that all requirements, including successful defence of the thesis, have been completed. The statement must be forwarded directly to the Council office from the university department. Copies submitted by the applicant will not be acceptable.
8. Applicants residing outside Ghana should provide a statement of their reasons for seeking registration in Ghana.
9. Applicants certified or licensed elsewhere: The Council will require a statement directly from the Board/Council which granted your certificate/ license confirming your registration.

10. Applications that have previously completed the Examination for Professional Practice in Psychology/Therapy. The Council will require a report of your examination scores directly from:
- (i) The Board/Council which administered in any country examination.
11. If Master's/doctoral degree was received from an institution outside of Ghana. The applicant will be required to submit an evaluation of the degree.

Masters/Doctoral degrees from institutions in any country: It is the responsibility of the applicant to ascertain that the institution which conferred the degree program is regionally accredited. The Board is unable to consider applications based on degrees from institutions which are not regionally accredited. Also, doctoral programs must meet the "criteria for Doctoral Programs leading to registration as a psychologist in Ghana. In addition, a doctoral degree based on a program of studies from an institution outside Ghana must first be evaluated to determine if it is recognized. It is the responsibility of the applicant to arrange for this evaluation prior to making application for registration. Evaluations may be obtained through the Ghana Board of Examiners in psychology.

The applicant must provide a statement that he/ she is requesting this evaluation for the purposes of applying for registration to the Ghana Psychology Council.

The following documents are required for evaluation purposes:

- (a) Copies of all transcripts of degrees and diplomas. These should be in the original language. English translations are required.
- (b) A list of all professional experience including internships.

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 _____

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