



# GHANA PSYCHOLOGY COUNCIL

## ACCREDITATION FORM

### PSYCHOLOGY AND APPLIED PSYCHOLOGY COURSES

#### MINISTRY OF HEALTH

*Upholding Standards, Protecting the People*



### **IN COMPLIANCE WITH PART 5 OF THE HEALTH PROFESSIONALS REGULATORY ACT, 2013 (ACT 857)**

#### **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 GHC5,750.00
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. ....

**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. ....

f. List of Electives/Optional Course/Subjects and Contact hours for each:.....

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

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

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

- a Full-time    b. Part-time

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

17. **Practical Work:**

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

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

19. Peer and Professional Assessment of Course Content .....

20. **Ethics Policy**

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

21. **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)

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

**a Professional Academic staff**

<i>Highest Qualification</i>	<i>Name Institution &amp; Year of attainment</i>	<i>Licensure Status (PIN)</i>	Rank	Number of Staff		
				Full time	Part time	Visiting
PhD			Professors			
MPhil			Senior Lecturers			
MSc			Lecturers			
MA			Assist Lecturers			
BA/BSc			Tutors/Technician			
Total						

**b Non-Professional/Administration staff**

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

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

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

**25. Students Enrolment by Programme and Year of Study:**

s. Undergraduate:

Programme	Certificate		iploma			Degree			
	Yr1	Yr2	Yr1	Yr2	Yr3	Yr1	Yr2	Yr3	Yr4
Total									

## t. Postgraduate

	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

**26. Access to Sources of Information/Library for the Programme**

- Does the Universality, Faculty Department subscribe to electronic resources/Library/ Journals?
- Does the Universality. 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

**27. 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 interne

**28. 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 .....

**29. 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

**30. Funding**

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

**32. Other relevant Information.....**

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

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

Contact Number ..... Date ..... Signature .....

**FOR FURTHER INFORMATION CALL:**  
**Phone: 0503027254 / 0542293014 / 0246416527**  
**EMAIL:**

[info@ghanapsychologycouncil.org.gh](mailto:info@ghanapsychologycouncil.org.gh)

**FOR OTHER REGISTRATION FORMS PLEASE CHECK**

**Website:** [www.ghanapsychologycouncil.org.gh](http://www.ghanapsychologycouncil.org.gh)

*Completed Form and attached documents should be sent to:*

**THE REGISTRAR**  
**Room 20, OLD MINISTRY OF HEALTH**  
**OPPOSITE MINISTRIES Post Office**  
**MINISTRIES, ACCRA, GHANA**

**GHANA POST GPS: GA-110-3586**

*Bank Details:*

**GHANA Psychology Council**  
**FIDELITY BANK**  
**RIDGE TOWERS, ACCRA, BANK**  
**Account No.: 1050031790015**

**OR**

**SHORT CODE (ALL NETWORKS)**  
**\*222\*7270#**

*[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 Psychology Council.

#### All Applicants

1. \_\_\_ Application form fully completed and signed.
2. \_\_\_ Application fee of {GHS 5,750.00 for Nationals; and \$5,750.00 for foreigners} (non-refundable and subject to change without prior notification) \*
3. \_\_\_ Cover Letter from the Head of the institution.
4. \_\_\_ Content of University Courses (Contain course objectives, description, outcomes, target groups, etc).
5. \_\_\_ List of Lecturers/Facilitators with their licensure status
6. \_\_\_ CV/ Profiles of facilitators
7. \_\_\_ Appointment and Acceptance letters of Lecturers.
8. \_\_\_ Tentative Timetable
9. \_\_\_ Evidence of Payment.



## FOR OFFICE USE ONLY

Form received by \_\_\_\_\_ Date: \_\_\_\_\_

Checked by \_\_\_\_\_

Amount Paid \_\_\_\_\_ Receipt No \_\_\_\_\_

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

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Verified by \_\_\_\_\_

\*Officer's comment & suggestion

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Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

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Registrar's Comments:

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Approved: Yes/No \_\_\_\_\_ Registration No: \_\_\_\_\_

Signature & Stamp \_\_\_\_\_ Date \_\_\_\_\_