

GHANA PSYCHOLOGY COUNCIL

LAY COUNSELLOR COURSE ACCREDITATION FORM

Upholding Standards, Protecting the People



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

Please refer to the guidelines when completing this application Form

Requirement

1. Name of Agency:
2. Introduction Letter from Owner.
3. 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.)
4. Valid National Identification of Owner
5. SSNIT registration for staff
6. Application Fee of GHC2,300.00
7. Evidence of Full Documentation of Registrar General’s Certification.....
8. Certificates of Professional Qualification for Practitioners/Lecturers (please provide evidence)
9. Licensure Certificates of Practitioners /Lecturers (please provide evidence)
10. Mission & Scope of Service.....
.....
.....
.....

11. Level of Programme:

Certificate in:

- a.

- b.
- c.
- d.

12. Aim of the Programmes:

13. Objectives of the Programme:

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

14. The Curriculum

a. List of Mandatory Courses/Subjects and Contact hours for each

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

b. Optional Course/Subjects and Contact hours for each:

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

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)

- a. Full time
- b. Part time

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

18. Practical Work:

- a. Practical
- b. Attachment
- c. List of Institutions and Agencies for Practical attachments (proof of affiliation & Accreditation)

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

20. Peer and Professional Assessment of Course Content

21. Ethics Policy

- a. Clinical and applied psychological work.....
- b. Ethics in Research

22. Certification

- a. 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.

a. Professional Academic staff

<i>Highest Qualification</i>	<i>Name Institution & 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		

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. Enrolment by Programme and Year of Study:

a. Lay Paraprofessional/Psychology Assistants:

Programme	Certificate			
	Module 1	Module 2	Module 3	Module 4
Total				

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

- a. Does the Institute/Department/Agency subscribe to electronic resources/Library / Journals?
- b. Does the Institute/Department/Agency have access to Library (Physical)?
- c. Are journals and textbooks etc. in the library current and adequate?
- d. Has adequate space for reading

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

- a. Children
- b. Adolescents
- c. Adults

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

- a. Adequate space and ventilation?
- b. Instruments:
- c. Other Equipment

30. Other Physical Infrastructure for students and staff:

- i. Lecture hall/classrooms
- ii. Offices for Staff
- iii. The spaces and sizes adequate for staff and students
- iv. Good lighting and ventilation
- v. Sanitation and Toiletries
- b. Utility:
 - i. Water supply
 - ii. Electricity
 - iii. Standby generator - optional

31. Funding

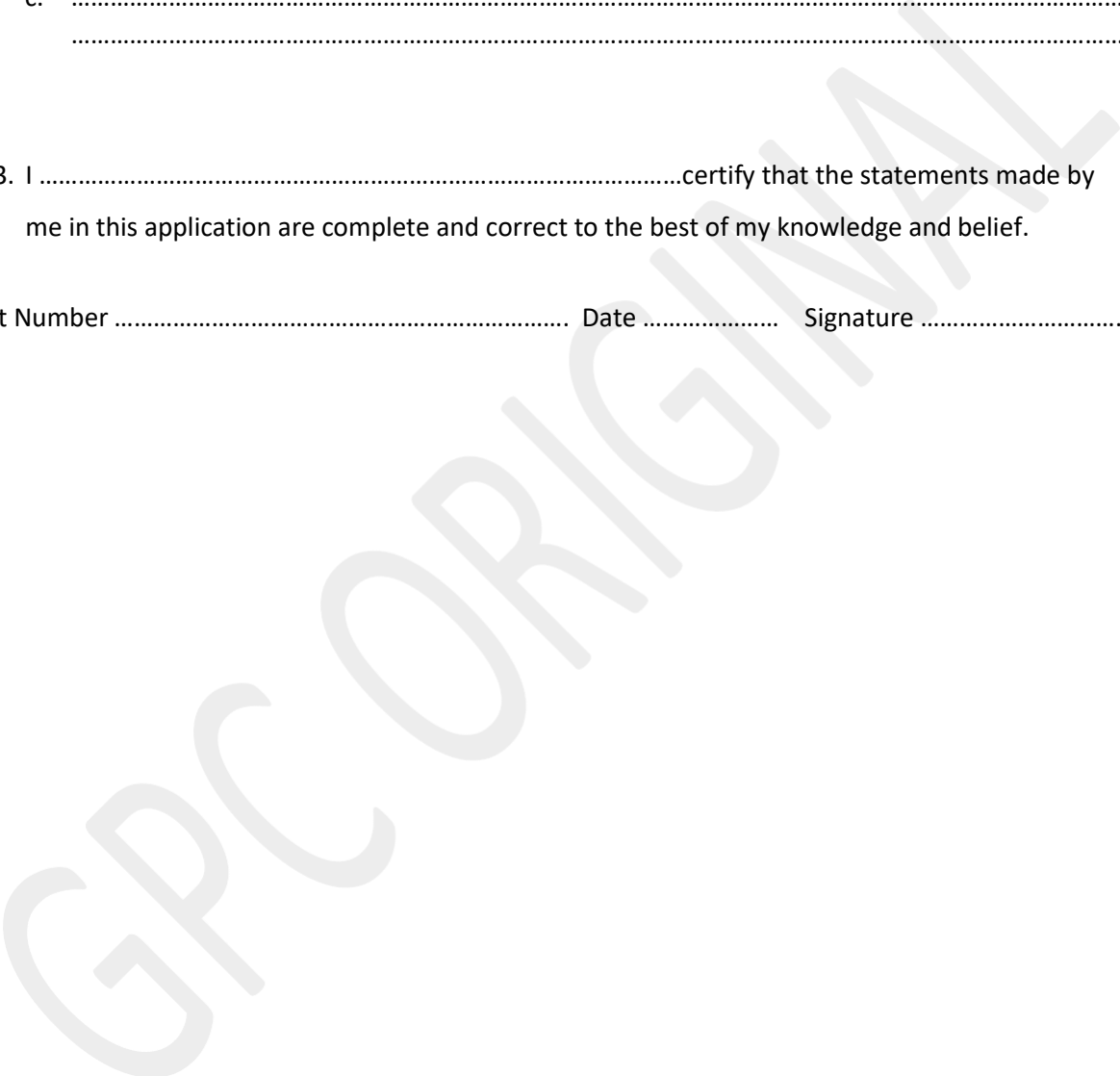
- a. Funding sources including fees and charges
- b. Bank account

32. Other relevant Information.....

- a.
- b.
- c.

33. Icertify 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

FOR OTHER REGISTRATION FORMS PLEASE CHECK

Website: www.ghanapsychologycouncil.org.gh

Completed Form and attached Document 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 2,300.00 for Nationals; and \$2,300.00 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 _____

Verified by _____

*Officer's Comments & Suggestion:

Signature of Officer _____ Date _____

*Registrar's Comments:

Approved: Yes/No

Registration No: _____

Signature & Stamp _____

Date _____
