



# GHANA PSYCHOLOGY COUNCIL

## FACILITY/PREMISES LICENSING APPLICATION 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*

1.

### **Requirement**

1. Name of Facility/Premises: .....
2. Introduction Letter from Owner if practitioner In-Charge is Different 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 GHC500.00
7. Evidence of Full Documentation of Registrar General’s Certification.....
8. Certificates of Professional Qualification for Practitioners (please provide evidence).....
9. Licensure Certificates of Practitioners (please provide evidence) .....
10. Mission & Scope of Service:.....  
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11. Core Activities of the Facility/Premises

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

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

13. 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
Lay Counselling	
Para-professional/Psych Assistant	
Counselling (Professional)	
Therapy (Professional)	

14. 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	No. 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

15. 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)

16. Minimum Human Resource Requirement

- a. At least one (1) Ghana Psychology Council fully certified professional (full time; should have worked for at least five years in Ghana)
- b. One Psychologist's Assistants (full time)
- c. One Clerk or Records Officer
- d. One Cleaner
- e. Security officers (for day and night shifts)

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

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

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

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

21. Availability of Client Charter:.....(Provide evidence)

22. Bank Account.....

23. Other relevant Information.....  
.....  
.....  
.....  
.....

**FOR FURTHER INFORMATION CALL:**

**PHONE: 0503027254 / 0542293014 / 0246416527**

**EMAIL:**

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

[ghanapsychologicalcouncil@gmail.com](mailto:ghanapsychologicalcouncil@gmail.com)

**FOR OTHER REGISTRATION FORMS PLEASE CHECK**

**WEBSITE: [www.ghanapsychologycouncil.org.gh](http://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-1 10-3586**

*Bank Details:*

**GHANA PSYCHOLOGY COUNCIL  
FIDELITY BANK  
RIDGE TOWERS, ACCRA,  
BANK ACCOUNT No.: 1050031790015**

**OR**

**SHORT CODE (ALL NETWORKS)  
\*776\*100#  
Merchant Code: 727**

**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 Comments & 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 \_\_\_\_\_

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