



# PSYCHOLOGY COUNCIL

## FACILITY/PREMISE ACCREDITATION 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*

#### **Requirement**

1. Name of Facility/Premise: .....
  
- Official Contact: .....      Official Email: .....
  
2. Introduction Letter of Practitioner(s) In-Charge.
3. Letter of Intent signed by the owner (Letter should state the type of facility to be operated with the location (landmark).
4. Copies of Appointment and Acceptance letters of staff.
5. Valid National Identification of Owner.
6. SSNIT registration for staff\*.
7. Accreditation Fee of GHC2,075.00 (Facility Application and Inspection Fees).
8. Attach evidence of Full Documentation of Registrar General's Certification.
9. Attach Professional Licenses of all Practitioners.
10. Mission & Scope of Service: .....
- .....
- .....
- .....

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) 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 & Behaviors .....

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

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

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

22. Evidence of Tests and Scales used at the facility ..... (Provide evidence)

22. Bank Account.....

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

24. 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 / 0303978628**

**EMAIL:**

[info@psychologycouncil.gov.gh](mailto:info@psychologycouncil.gov.gh)

**FOR OTHER REGISTRATION FORMS PLEASE CHECK**

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

*Payment Details:*

**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. \_\_\_ *Evidence of Payment \*Application fee of {GHS 575.00 for Nationals; and \$575.00 for foreigners} (non-refundable and subject to change without prior notification) \**
3. \_\_\_ *Inspection fee (GHC 1,500)*
4. \_\_\_ *Letter of Intent.*  
\_\_\_ *(iii) Introductory Letter of Practitioner(s).*
5. \_\_\_ *Registration certificate from Registrar General's Department.*
6. \_\_\_ *List of Practitioners with their licensure status*
7. \_\_\_ *Appointment and Acceptance letters of Practitioners.*
8. \_\_\_ *Pictures of Facility*
9. \_\_\_ *List of Tests and Scales used at Facility*
10. \_\_\_ *Report on activities/Services engaged in\**
11. \_\_\_ *SSNIT Registration staff (If applicable)*

## 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Registrar's Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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