



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

Highest Qualification	Name Institution & Year of attainment	Licensure Status (PIN)	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. 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@gpc.gov.gh

FOR OTHER REGISTRATION FORMS PLEASE CHECK
Website: www.ghanapsychologycouncil.gov.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.

1. ___ Application form fully completed and signed.
2. ___ Evidence of Payment * 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. ___ Inspection Fee (GHS 1,500.00)
4. ___ Cover Letter from the Head of the institution.
5. ___ Content of University Courses (Contain course objectives, description, outcomes, target groups, etc).
6. ___ List of Lecturers with their licensure status
7. ___ CV/ Profiles of Lecturers
8. ___ Appointment and Acceptance letters of Lecturers.
9. ___ Tentative Timetable.
10. ___ Letters of Introduction & Intent
11. ___ Registrar General's Certification

FOR OFFICE USE ONLY

GPC AB FORM 1

Form received by _____ Date: _____

Checked by _____

Amount Paid _____ Receipt No _____

Signature of Officer _____ Date _____

Verified by _____

*Officer's comment & suggestion

Signature of Officer _____ Date _____

Registrar's Comments:

Approved: Yes/No _____ Registration No: _____

Signature & Stamp _____ Date _____



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GPC AB FORM 1

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FACILITATORS FORM FOR COURSE CONTENT ACCREDITATION

1. Name		
	Surname	Others
2. Contact & Email		
3. Qualification (BA, Masters, PhD) <i>*Indicate the field of study with year of completion</i>		
4. Any advanced Professional course with the last 12 months		
5. Employment History (within the last 24 months)		
6. Area of Specialty Or Practice		
7. Research Interest		
8. GPC Category & Standing		

Date

Signature