

# GHANA PSYCHOLOGY COUNCIL

## FACILITY/PREMISES LICENSING RENEWAL 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/Premises: .....

2. Address: .....

.....

3. Telephone: ..... Email: .....

4. Location: .....

.....

5. Names, Field of practice and Licensure status of Psychologist/Counsellors at the Facility (Please provide evidence)

i. ....

ii. ....

iii. ....

iv. ....

6. Practitioner category (Please indicate the number of different categories of practitioners according to their level of training).

CATEGORY	NUMBER AT POST
Therapy (Professional)	
Para-professional	
Psychologist Assistant	
Lay Practitioner	

7. Other relevant change in information

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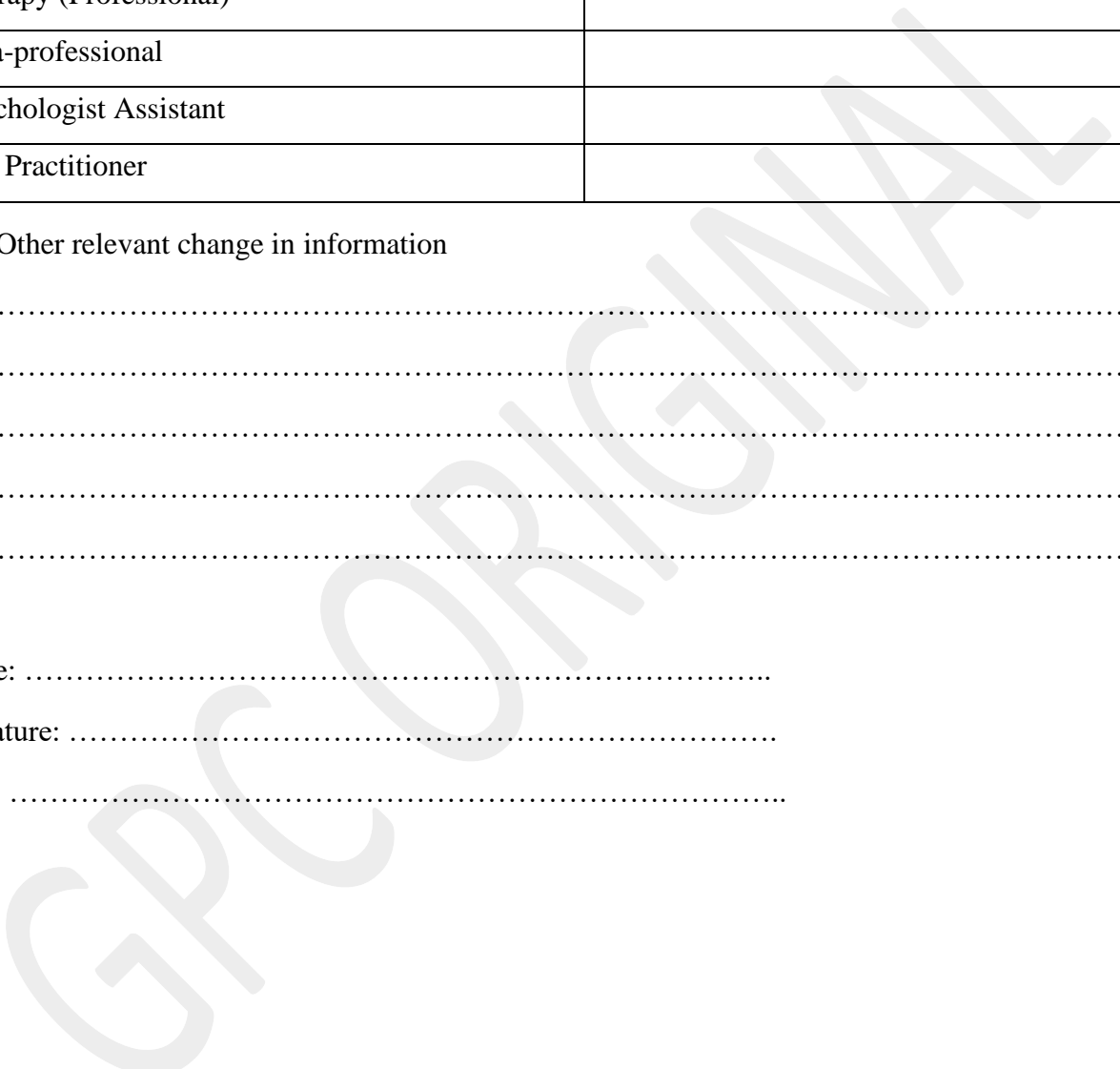
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Name: .....

Signature: .....

Date: .....



**FOR FURTHER INFORMATION CALL:**  
**Phone: 0503027254 / 0542293014 / 0246416527**  
**EMAIL: [info@gpc.gov.gh](mailto:info@gpc.gov.gh)**

**FOR OTHER REGISTRATION FORMS PLEASE CHECK**  
**Website: [www.ghanapsychologycouncil.gov.gh](http://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#**

# 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 \_\_\_\_\_