GHANA PSYCHOLOGY COUNCIL

ACCREDITATION FORM

PSYCHOLOGY AND APPLIED PSYCHOLOGY COURSES

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. Introductory/ Cover Letter from Head of Institution.

3. Letter of Intent signed by the Head of Institution.

4. Name of College/Faculty: ……

Name of Department/Unit: ……

Official Email: …… Official Contact: ……..

5. Application Fee of GHC5,750.00

6. Evidence of Full Documentation of Registrar General's Certification* ……

8. Aim of the Programmes: ……..

9. Objectives of the Programme: ……

   a. ……

   b. ……..

c. ……

d. ……

10. Title of the Programme (s) for which Accreditation is being sought: ……

    a. ……

    b. ……

    c. ……

11. Level of Programme:

    a. Certificate in ……

    b. BA in ……

    c. BSc in ……

    d. MA in ……

    e. MSc in ……

    f. MPhil in ……

    g. PhD in ……

12. The Curriculum

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

        I. ……

        ii. ……

B. List of Electives/Optional Course/Subjects and Contact hours for each:…….

i. ……

ii. ……

iii. ……

iv. ……

v. ……

13. Admission Requirement (Please state the admission Requirement for each of the programmes/courses) ……..

14. Names, Qualification and Professional Licensure status of Lectures (Please provide evidence)

a Full-time b. Part-time

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

16. Practical Work:
    a. Practicum Yes/No.
    b. List of Institutions and Agencies for Practical attachments (provide proof of affiliations)

17. Students Assessment of Course Content and Teaching……..

18. Peer and Professional Assessment of Course Content……

19. Ethics Policy
    a. Clinical and applied psychological work…….
    b. Ethics in Research ……..

20. Certification of programme
    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)

21. 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		

22. Administration of Department/Unit Responsible for the Programme (Please state the qualification, experience and leadership Capacity)

23. Staff Development Programmes (Policy and Plan) ……..

24. Students Enrolment by Programme and Year of Study:

a. Undergraduate:

Programme	**Degree**			
	Yr1	Yr2	Yr3	Yr4
Total				

a. Graduate: Masters

Programme	MA		MSc			MPhil		
	Yr1	Yr2	Yr1	Yr2	Yr3	Yr1	Yr2	Yr3
Total								

b. Postgraduate: PhD

Programme	Year 1	Year 2	Year 3	Year 4	Year 5

25. Access to Sources of Information/Library for the Programme
    a. Does the University, Faculty Department subscribe to electronic resources/Library/ Journals?
    b. Does the University Faculty/Department have access to a Library (Physical)?
    c. Are journals and textbooks etc in the library current and adequate?
    d. Has adequate space for reading
    e. Students and Lecturers have access to the internet

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

    a. Children
    b. Adolescents
    c. Adults

27. Other Physical Infrastructure for students:
    a. For students and staff
        i. Lecture hall/classrooms
        ii. Tutorial rooms
        iii. Offices for Staff
        iv. Offices for Students

    b. The spaces and sizes should be adequate for staff and students
    c. Good lighting and ventilation
    d. Sanitation and Toiletries
    e. Utility:
        i. Water supply
        ii. Electricity
        iii. Standby generator

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

29. Other relevant Information
    a. ……
    b. ……
    c. ……
    d. ……

I ……, the …….. (designation) certify that the statements made by me, on behalf of the institution, 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 / 0303956448
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.

- ___Application form fully completed and signed.
- ____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)
- ___ Inspection Fee (GHS 1,500.00)
- ___ Cover Letter and letter of Intent from the Head of the institution.
- ___ Content of University Courses (Contain course objectives, description, outcomes, target groups, etc).
- __ List of Lecturers with their licensure status
- __ 2 paged CVs/ Profiles of Lecturers
- ____ Appointment and Acceptance letters of Lecturers.
- ____ Completed Lecturers forms of all Lecturers.
- ____ Tentative Timetable.
- ____ Registrar General's Certification*

FOR OFFICE USE ONLY

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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LECTURERS FORM FOR COURSE CONTENT ACCREDITATION

1. Name	**Surname** **Others**
2. Contact & Email	
3. Qualification (BA, Masters, PhD) *Indicate the field of study with year of completion	
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 ……

**You are permitted to use extra pages if your information does not fit on this page*