GHANA PSYCHOLOGY COUNCIL

CORPORATE BODY FACILITY ACCREDITATION 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

DETAILS

1. Name of Body/Agency: ……
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 (if on salary)
6. Application Fee of GHC 1,000.00
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 for the Facility
    ……..……..…
    ……..
    ……..……..……
    ……..……...……
    ……...……..…
    ……...……
    ……

11. Aim of Service for the Facility ……..:……..
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……..……...……
……
……..

12. Objectives of Service for the Facility:
i. …….
ii. ……..……...…….
iii. ……..……..
iv. ……..…….
v. ……...….

13. Guiding Principles……:……
i. ……
ii. ……..…….
iii. ……...……
iv. ……

14. Core Values……: ……..……
v. ……
vi. ……...…….
vii. ……...……
viii. ……

15. Core Activities of the Facility
i. ……..……
ii. ……
iii. ……
iv. ……..……
v. ……
vi. ……
vii. ……

16. Names, Qualification and Professional Licensure status of *Counsellors at the Facility* (Please provide evidence)
i. ……...……
ii. ……..
iii. ……
iv. ……

17. 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	Number 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			

18. 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
Psychologist's Assistant	
Lay Counselling	

Para-professional	
Counselling (Professional)	
Counselling (Professional)	

***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*

19. 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)
20. Minimum Human Resource Requirement
    a. At least two (2) Ghana Psychology Council fully certified psychologists (full time; should have worked for at least five years in Ghana)
    b. Two Psychologist's Assistants (full time)
    c. One Clerk or Records Officer
    d. A cleaner
    e. Security officers (for day and night shifts)

21. Staff Development Programmes (Requirements, Policy and Plan) ……..

22. Peer and Professional Assessment of Competencies, Conducts & Behaviours ……..…..

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

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

25. Availability of Charter..... (Provide evidence)

26. Name(s) of Institutions and Agencies affiliation (Local and International) …….…….
    a. ……
    b. ……

c. ……
d. ……

27. Bank account Yes/No

28. Other relevant Information……
e. ……
f. ……
g. ……
……
……

30. 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 / 0246416527

Email: info@gpc.gov.gh

FOR OTHER REGISTRATION FORMS PLEASE CHECK

Website: www.ghanapsychologycouncil.gov.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

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.

All Applicants

1. ___*Application form fully completed and signed.*
2. ___*Evidence of Payment *Application fee of {GHS 1,000.00 for Nationals; and $1,000.00 for foreigners} (non- refundable and subject to change without prior notification) **
3. ___ *Inspection fee (GHC 1,500)*
4. ___ *Letter of Intent*

   ___ *Introductory Letter for Lead Practitioner*
5. ____ *List of Practitioners with their licensure status*
6. _____ *Professional certificates of practitioners*
7. _____ *Profile/CVs of Practitioners*
8. _____ *Appointment and Acceptance letters of Practitioners.*
9. _____ *List of Tests and Scales used at Facility*
10. _____ *Report on activities/Services engaged in*

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 _____