



# GHANA PSYCHOLOGY COUNCIL

## LAY COUNSELLOR COURSE 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*

#### **Requirement**

1. Name of Agency: .....
2. Introduction Letter 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
6. Application Fee of GHC2,000.00
7. Evidence of Full Documentation of Registrar General’s Certification.....
8. Certificates of Professional Qualification for Practitioners/Lecturers (please provide evidence).....
9. Licensure Certificates of Practitioners /Lecturers (please provide evidence) .....
10. Mission & Scope of Service:.....  
.....  
.....  
.....

#### **11. Level of Programme:**

Certificate in:

- a. ....

- b. ....
- c. ....
- d. ....

12. Aim of the Programmes: .....

13. Objectives of the Programme: .....

- a. ....
- b. ....
- c. ....
- d. ....

**14. The Curriculum**

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

- i. ....
- ii. ....
- iii. ....
- iv. ....
- v. ....
- vi. ....

b. Optional Course/Subjects and Contact hours for each:

- i. ....
- ii. ....
- iii. ....
- iv. ....
- v. ....

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

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

- a. Full time
- b. Part time

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

**18. Practical Work:**

- a. Practical
- b. Attachment
- c. List of Institutions and Agencies for Practical attachments (proof of affiliation & Accreditation)

19. Students Assessment of Course Content and Teaching.....

20. Peer and Professional Assessment of Course Content .....

**21. Ethics Policy**

- a. Clinical and applied psychological work.....
- b. Ethics in Research .....

**22. Certification**

- 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)

23. **Staffing:** provide data on professional academic and non-professional academic staff by highest qualification.

**a. Professional Academic staff**

<i>Highest Qualification</i>	<i>Name Institution &amp; Year of attainment</i>	<i>Licensure Status (PIN)</i>	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		

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

25. Staff Development Programmes (Policy and Plan).....

**26. Enrolment by Programme and Year of Study:****a. Lay Paraprofessional/Psychology Assistants:**

Programme	Certificate			
	Module 1	Module 2	Module 3	Module 4
Total				

**27. Access to Sources of Information/Library for the Programme**

- Does the Institute/Department/Agency subscribe to electronic resources/Library / Journals?
- Does the Institute/Department/Agency have access to Library (Physical)?
- Are journals and textbooks etc. in the library current and adequate?
- Has adequate space for reading

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

- Children
- Adolescents
- Adults

**29. Availability of a Laboratory and Testing Rooms for the Programme?**

- Adequate space and ventilation? .....
- Instruments: .....
- Other Equipment .....

**30. Other Physical Infrastructure for students and staff:**

- Lecture hall/classrooms
  - Offices for Staff
  - The spaces and sizes adequate for staff and students
  - Good lighting and ventilation
  - Sanitation and Toiletries
- Utility:
    - Water supply
    - Electricity
    - Standby generator - optional

**31. Funding**

- Funding sources including fees and charges
- Bank account

32. Other relevant Information.....

- a. ....
- b. ....
- c. ....

33. I certify that the statements made by me in this application are complete and correct to the best of my knowledge and belief.

Date ..... Signature .....

GPC ORIGINAL

**FOR FURTHER INFORMATION CALL:**

**PHONE: 0503027254 / 0542293014 / 0246416527**

**EMAIL:**

[info@ghanapsychologycouncil.org.gh](mailto:info@ghanapsychologycouncil.org.gh)

[ghanapsychologicalcouncil@gmail.com](mailto:ghanapsychologicalcouncil@gmail.com)

**FOR OTHER REGISTRATION FORMS PLEASE CHECK**

**WEBSITE: [www.ghanapsychologycouncil.org.gh](http://www.ghanapsychologycouncil.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**

*Bank Details:*

**GHANA PSYCHOLOGY COUNCIL  
FIDELITY BANK  
RIDGE TOWERS, ACCRA,  
BANK ACCOUNT No. 2090031790018**

*[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 Psychological Council.

#### All Applicants

1. \_\_\_ Application form fully completed and signed.
2. \_\_\_ Application fee of {GHS 2000.00 for Nationals; and \$5000.00 for foreigners } (non- refundable and subject to change without prior notification)\*
3. \_\_\_ Reference from two psychologists who have been familiar with your work for at least one year, and a senior public servants who is acquainted to you .
4. \_\_\_ Certified copies of official transcripts & copies of certificates of all undergraduate and graduate degrees and full address of each of the institutions attended including email addresses should be provided.
5. \_\_\_ Full curriculum vitae & one (1) Passport size picture
6. \_\_\_ (a) Applicants who will still require a year of supervision or post-doctoral experience signed supervisors' agreement forms from your proposed primary and standby supervisors is required.  
  
(b) Applicants requesting waiver of the Board's supervision requirement two assessments by professional colleagues of your supervised, post-doctoral experience are required.

#### Additional Requirements- If Applicable

7. If formal conferral of your master's/doctoral degree has not taken place and therefore is not indicated on the official doctoral transcript, the Council will require a statement from the Registrar of the university where you earned your degree confirming that all requirements, including successful defence of the thesis, have been completed. The statement must be forwarded directly to the Council office from the university department. Copies submitted by the applicant will not be acceptable.
8. Applicants residing outside Ghana should provide a statement of their reasons for seeking registration in Ghana.

9. Applicants certified or licensed elsewhere: The Council will require a statement directly from the Board/Council which granted your certificate/ license confirming your registration.
10. Applications that have previously completed the Examination for Professional Practice in Psychology/Therapy. The Council will require a report of your examination scores directly from:
  - (i) The Board/Council which administered in any country examination.
11. If Master's/doctoral degree was received from an institution outside of Ghana. The applicant will be required to submit an evaluation of the degree.

*Masters/Doctoral degrees from institutions in any country: It is the responsibility of the applicant to ascertain that the institution which conferred the degree program is regionally accredited. The Board is unable to consider applications based on degrees from institutions which are not regionally accredited. Also, doctoral programs must meet the "criteria for Doctoral Programs leading to registration as a psychologist in Ghana. In addition, a doctoral degree based on a program of studies from an institution outside Ghana must first be evaluated to determine if it is recognized. It is the responsibility of the applicant to arrange for this evaluation prior to making application for registration. Evaluations may be obtained through the Ghana Board of Examiners in psychology.*

*The applicant must provide a statement that he/ she is requesting this evaluation for the purposes of applying for registration to the Ghana Psychology Council.*

**The following documents are required for evaluation purposes:**

- (a) Copies of all transcripts of degrees and diplomas. These should be in the original language. English translations are required.
- (b) A list of all professional experience including internships.



**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 Comments & Suggestion:

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

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

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\*Registrar's Comments:

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

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

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

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