



APPLICATION FORM FOR ACCREDITATION OF TRAINING PROGRAMME

Note:

Training programme must be accredited by the Singapore Medical Council (SMC) before institutions can host temporary registrants for training under their training programmes. The training programme will be accredited for up to five years. The approval for accredited training programme will **not** be automatically extended when it expires. Institutions offering the training will have to apply for accreditation of the training programme.

Instructions:

Please complete all sections. *Incomplete forms will not be processed.*

SECTION A: INSTITUTION DETAILS	
1	Name of Institution:
2	Hosting Department:
SECTION B: PROGRAMME DETAILS	
3	<p>Please attach a copy of the training programme and ensure that the following details are included:</p> <ul style="list-style-type: none"> a) Cover letter with supporting letter/ testimonial from the Programme Director with reason(s) for accreditation of the training programme b) Name of training programme c) Name of programme director d) Duration of training programme e) Objectives of the training programme f) Entry requirements g) Components of training: <ul style="list-style-type: none"> • Type of training (eg clinical and/or non-clinical) • Method of training (eg ward rounds, outpatient clinics, research, etc) • Frequency h) Rotation(s) to other institution(s) / department(s) <ul style="list-style-type: none"> • Name of institution(s) / department(s) • Details of rotation • Frequency / duration of rotation(s) i) Supervision Method <i>(eg: For rotations, will the trainees follow the supervisor or will there be another assigned supervisor at the department / institution where the trainees are rotated to?)</i> j) Assessment Method <i>(eg: logbook, monthly meeting with supervisor)</i> k) Criteria for early termination of trainees from the programme l) Feedback mechanism for trainees

4	<p>For programme that has been accredited by SMC previously, please include the following details:</p> <p>(a) Date of approval of the accredited training programme: _____</p> <p>(b) Expiry date of the accredited training programme: _____</p> <p>(c) No. of doctors currently participating in the training programme: _____</p>
SECTION C: CONFIRMATION	
5	<p>We, _____, confirm that the information stated in this <i>(name of institution and department)</i> application and the documents attached are authentic and true.</p> <p>_____</p> <p style="text-align: center;">Name & Designation of Administrator</p> <p>_____</p> <p style="text-align: center;">Signature & Date</p> <p>_____</p> <p style="text-align: center;">Email Address</p> <p>_____</p> <p style="text-align: center;">Contact Number</p>