



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 re-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 programmeb) Name of training programmec) Name of Programme Directord) Duration of the training programme (<i>not more than 12 months</i>)e) Objectives of the training programmef) Entry requirements of the Clinical Fellow (CF)g) Maximum intake of CFs for this training programmeh) 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• Night and/or On-call dutyi) Rotation(s) to other institution(s) / department(s)<ul style="list-style-type: none">• Name of institution(s) / department(s)• Details of rotation (<i>please also state clearly if there is no rotation involved</i>)• Frequency of practice (in percentage) / duration of rotation(s)j) 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>)k) Assessment Method (<i>eg: logbook, monthly meeting with supervisor</i>)l) Criteria for early termination of trainees from the programmem) 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 application <i>(name of institution and department)</i> and the documents attached are authentic and true.</p>	
	Name & Designation of Administrator	Signature & Date
	Email Address	Contact Number