



The Hong Kong Academy of Nursing
香港護理專科學院

**APPLICATION FOR ACCREDITATION/
RE-ACCREDITATION OF ACADEMY COLLEGE**

To: The Hong Kong Academy of Nursing Limited

LG1, School of Nursing, Princess Margaret Hospital, 232 Lai King Hill Road, Lai Chi Kok,
Kowloon, Hong Kong SAR.

Application to be Academy College

Application for Re-Accreditation at (year) _____

For Re-Accreditation, please indicate the dates on which your previous application for accreditation was granted or denied on _____. **Please only address section 1 & 2 of Part II. If accreditation of certification program is granted, please attach the Letter of Approval – syllabus accreditation/re-accreditation.**

Current Status of College:

Registered under the Societies Ordinance on _____, Reg. No. _____

Registered under the Companies Ordinance on _____, Reg. No. _____

None

Application for Accreditation as a HKAN Academy College

(Please submit duplicate copies of application forms and supporting documents, if any.)

Part I: General Information

(Supply complete information either directly on this form or on a form developed in the same format)

Name of College: _____

Address: _____

Name of Person in-charge: _____

Title or Position: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____



Part II Self-study Report

(Please add pages as required)

<p>1. Governance and Administration <i>Information Required for this session</i></p> <ul style="list-style-type: none">– <i>Mission statement and objectives of the College</i>– <i>Membership of the governing body or College Council;</i>– <i>Terms of Reference of the governing body or College Council;</i>– <i>Curriculum vitae of all members of the governing body or College Council;</i>– <i>Annual reports or minutes of meetings related to the development of the Academy College in application; and</i>– <i>Strength of the administrative staff, including full time and part time.</i>
<p>2. Organizational Structure and Decision Making <i>Information required for this section:</i></p> <ul style="list-style-type: none">– <i>An organizational structure showing the major committees and sub-committees;</i>– <i>Membership and terms of reference of major committees, if any</i>– <i>Information on the decision-making process (samples of related meeting notes); and</i>– <i>Curriculum vitae of committee chairs, course leaders, / examiners.</i>
<p>3. Program Planning, Development and Design <i>Information required for this section:</i></p> <ul style="list-style-type: none">– <i>Membership and terms of reference of Education Committee;</i>– <i>Curriculum and syllabus of the Advanced Practice Certification program;</i>– <i>Admission criteria to Member and Fellow examinations;</i>– <i>List of potential training sites; and</i>– <i>A log book sample.</i>
<p>4. College Examination and Certification Policy <i>Information required for this section:</i></p> <ul style="list-style-type: none">– <i>Membership and terms of reference of Examination Committee;</i>– <i>Types and length of examination, admission criteria, grading of examination results;</i>– <i>Process of setting examination questions and the approval process; and</i>– <i>Sample certificates.</i>
<p>5. Recognized Education Program and Teaching Faculties <i>Information required for this section:</i></p> <ul style="list-style-type: none">– <i>Membership and terms of reference of the Assessment Panel;</i>– <i>List of recognized training programs; and</i>– <i>List of recognized training institutes.</i>



6. Accreditation of Training Sites and Mentors

Information required for this section:

- *Membership and terms of reference of Accreditation Committee;*
- *Profile of potential clinical training sites; and*
- *List of Fellows.*

7. Program Evaluation and Quality Assurance

Information required for this section:

- *Committee structure for the approval, validation and re-validation, and monitoring of training programs;*
- *Terms of reference of any external bodies or advisory committee;*
- *Program evaluation report; and*
- *Meeting minutes with clinical departments, trainees and mentors.*

Submitted by:

Signature: _____

Name: _____

(In block letters please)

Title or Position: _____

Company Chop: _____

Date: _____