



The Hong Kong Academy of Nursing & Midwifery

香港護理及助產專科學院

Unit 4 & 5, 6/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon, Hong Kong SAR

Email: info-enquiry@hkanm.hk Telephone: (852) 2370 0335 Fax: (852) 2370 0216

APPLICATION FOR ACCREDITATION/ RE-ACCREDITATION OF ACADEMY COLLEGE

To: The Hong Kong Academy of Nursing & Midwifery Limited

Unit 4 & 5, 6/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay,
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 _____.

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 HKANM 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: _____



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Part II Self-study Report

(Please add pages as required)

1. Governance and Administration

Information Required for this session

- *Mission statement and objectives of the College*
- *Membership of the governing body or College Council;*
- *Terms of Reference of the governing body or College Council;*
- *Curriculum vitae of all members of the governing body or College Council;*
- *Annual reports or minutes of meetings related to the development of the Academy College in application; and*
- *Strength of the administrative staff, including full time and part time.*

2. Organizational Structure and Decision Making

Information required for this section:

- *An organizational structure showing the major committees and sub-committees;*
- *Membership and terms of reference of major committees, if any*
- *Information on the decision-making process (samples of related meeting notes); and*
- *Curriculum vitae of committee chairs, course leaders, / examiners.*

3. Program Planning, Development and Design

Information required for this section:

- *Membership and terms of reference of Education Committee;*
- *Curriculum and syllabus of the Advanced Practice Certification program;*
- *Admission criteria to Member and Fellow examinations;*
- *List of potential training sites; and*
- *A log book sample.*

4. College Examination and Certification Policy

Information required for this section:

- *Membership and terms of reference of Examination Committee;*
- *Types and length of examination, admission criteria, grading of examination results;*
- *Process of setting examination questions and the approval process; and*
- *Sample certificates.*



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5. Recognized Education Program and Teaching Faculties

Information required for this section:

- Membership and terms of reference of the Assessment Panel;
- List of recognized training programs; and
- List of recognized training institutes.

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 qualified to be clinical teachers.

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: _____