



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

### ACCREDITATION CHECKLIST

**Name of College:** \_\_\_\_\_ **For the Year** ( \_\_\_\_\_ )

**Registration Number under the Company Ordinance:** \_\_\_\_\_

Scope	Content	Clear & Complete	Remarks
<b>1. Governance &amp; Administration</b>	Mission statement and objectives		
	Membership of Council		
	TOR of Council		
	CV of members of Council		
	Annual reports or minutes of its continuous development		
	Staffing – FT or PT		
	Other Information, if any		
<b>2. Organization Structure and Decision Making</b>	Organizational Structure		
	Membership of Committees & Sub-committees		
	TOR of Committees & Sub-committees		
	Decision-making – sample of minutes		
	CV of committee chairs, course leaders, external advisors / examiners		
	Other Information, if any		
<b>3. Program Planning, Development and Design</b>	Committee responsible		
	Curriculum & Syllabus of training program		
	Admission criteria to member examination		
	Admission criteria to fellow examination		
	List of training sites		
	Log book sample		
	Other Information, if any		

Scope	Content	Clear & Complete	Remarks
<b>4. College Examination and Certification Policy</b>	Committee responsible		
	Examination – types, length, admission criteria		
	Grading of examination results		
	Setting exam question & approval process		
	Sample of certificates		
	Other Information, if any		
<b>5. Education Program and Teaching Faculties</b>	Committee responsible		
	List of recognized training programs		
	List of recognized training institutes		
	Other Information, if any		
<b>6. Training Sites and Clinical Teachers</b>	Committee responsible		
	Accreditation criteria for training sites		
	List of fellows qualified to be clinical teachers		
	Other Information, if any		
<b>7. Program Evaluation and Quality Assurance</b>	Committee responsible		
	TOR & membership of external / Advisory Committee		
	Program evaluation report		
	Meeting minutes with clinical partners, trainee and mentors		
	Other Information, if any		

**Overall Comment:**

**Recommendation:**

**Reviewed by:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**And:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Re-accreditation in the Year (\_\_\_\_\_)**