



APPLICATION FOR THE ACCREDITATION OF ADVANCED CARDIAC LIFE SUPPORT INSTRUCTOR TRAINING CENTRE (ACLS ITC)

- Applicant must be an affiliate member of the National Resuscitation Council (NRC).
- Applicant should be an existing NRC accredited ACLS Training Centre.
- Application Fee: **\$214.00** (inclusive of GST). Payable upon submission of application form.
- Audit Fee: **\$321.00** (inclusive of GST) per audit. Payable upon completion of audit. Training centre which fails the first audit is required to pay for each subsequent audit.
- Please submit cheque payable to 'National Heart Centre of Singapore Pte Ltd' and mail to :
National Resuscitation Council Secretariat
c/o Clinical Affairs Department
National Heart Centre, Mistri Wing
17 Third Hospital Avenue, Singapore 168752
- Accreditation will commence on **1st January** regardless of the month the training centre is accredited.
- Validity of accreditation: 2 years

1	Particulars of Organisation / Institution		
	Name : _____		
	Address : _____		
	_____ Postal Code : _____		
	Contact Person : _____ Email : _____		
	Contact No : _____ Facsimile No : _____		
	Affiliate Membership No : _____ Expiry Date : _____		
2	Mission and objectives (Please state)		
	Mission : _____		
	Objective 1 : _____		
	Objective 2 : _____		
	Objective 3 : _____		
3	Fulfillment of the following criteria	Yes	No
3.1	Chief Instructor (CI)		
	<i>Is the qualification of the CI and the procedure of appointment stated? (Please provide the name of the CI and attach his/her current instructor trainer certificate)</i>	<input type="radio"/>	<input type="radio"/>
	<i>Is an active ACLS Chief Instructor with a recognised ACLS Centre for at least 5 consecutive years prior to the application for accreditation as a ACLS ITC to NRC</i>	<input type="radio"/>	<input type="radio"/>
	<i>Has been an active instructor trainer for 3 years</i>	<input type="radio"/>	<input type="radio"/>
	<i>Undertakes to oversee the training and ensure consistent standard of the teaching of every ACLS Instructor course</i>	<input type="radio"/>	<input type="radio"/>

	<p><i>Is recommended by another Chief Instructor of a certified instructor training centre</i> (Please attach letter of recommendation)</p> <p>Recommended by : _____</p> <p>Name of ITC CI : _____</p> <p>Instructor Training Centre : _____</p>	O	O
<p>If any of the above criteria is not met, please specify reasons :</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>3.2</p>	<p>Instructor Trainer</p> <p><i>Is an active ACLS Instructor for 3 years, completed the 2 instructor trainer attachments in any accredited ACLS ITC</i> (Please attach the list of the instructor trainers and their current certificates)</p> <p><i>The ratio of instructor trainer to manikin to trainees is 1:1:6</i></p>	O	O
<p>If any of the above criteria is not met, please specify reasons :</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>4</p>	<p>Programme and Contents</p> <p><i>Is programme properly spelt out and communicated so that trainees know what to expect and be appropriately prepared for the course?</i> (Please attach programme schedule)</p> <p><i>Do the contents of the training adhere to the recommended ACLS Instructor teaching guidelines?</i> (Please attach list of training dates/times for the next 6 months)</p> <p><i>Are the training manuals written in accordance with recommended ACLS Instructor Course teaching guidelines?</i> (Please attach training manuals)</p> <p><i>Are the course materials sent to the participants at least two weeks prior to the course?</i></p> <p><i>Is there a practical test administered at the end of the programme?</i> (Please attach practical sheet)</p>	O	O

	<p>If any of the criteria is not met, please specify reasons :</p> <p>_____</p> <p>_____</p> <p>_____</p>		
5	<p>Facilities and Equipment</p> <p><i>Is the ratio of manikin to participant less than 1:6?</i></p> <p><i>Are the manikins properly maintained and disinfected according to the recommended safety measures?</i></p>	<p><input type="radio"/></p> <p><input type="radio"/></p>	<p><input type="radio"/></p> <p><input type="radio"/></p> <p>(Please specify ratio)</p>
6	<p>Certification</p> <p><i>Is the trainee-instructor given certificates (with date of issue and signed by CI) when they successfully complete the training?</i></p> <p><i>Is the certificate valid for 2 years?</i></p>	<p><input type="radio"/></p> <p><input type="radio"/></p>	<p><input type="radio"/></p> <p><input type="radio"/></p> <p>(Please specify validity period)</p>
7	<p>Records</p> <p><i>Does the centre maintain its own registry of certified trainees with the following particulars? (Name, NRIC/Passport No., Organisation, Date of attendance and Date of expiry of ACLS Instructor Certificate)</i></p> <p><i>Does the centre maintain its own registry of Chief Instructor(s), Instructor Trainers and Trainee Instructors and their participation in training activities?</i></p>	<p><input type="radio"/></p> <p><input type="radio"/></p>	<p><input type="radio"/></p> <p><input type="radio"/></p>
8	<p>Evaluation of ACLS Instructor Training Programme</p> <p><i>Is there any evaluation procedure by which the standards of training programme are assessed and maintained? (Please attach a copy of feedback form)</i></p> <p><i>Does the centre maintain records of feedback and evaluation information for referral purposes?</i></p> <p><i>Are the evaluation tools and methods reviewed regularly and revised according to current developments in this field?</i></p>	<p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>
9	<p>I, _____ (Name of Training Manager / Head) undertake that the declaration given above is true and accurate to the best of my knowledge. I agree to allow a random external audit by the personnel instructed by NRC.</p> <p>Signature: _____ Date: _____</p> <p>Note: Please ensure all the necessary information/documents are submitted with the application form. Incomplete application form will result in delay of accreditation.</p>		

For Official Use Only

Receipt No : _____

Date of Issue : _____

Expiry Date : _____

Name/Signature

Date