



## APPLICATION FOR THE ACCREDITATION OF AUTOMATED EXTERNAL DEFIBRILLATION TRAINING CENTRE (AED TC)

- Applicant must be an affiliate member of the National Resuscitation Council (NRC).
- 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 Singapore, Annexe Level 2, Mistri Wing  
17 Third Hospital Avenue, Singapore 168752
- Validity of accreditation: 2 years

<b>1</b>	<b>Particulars of Organisation / Institution</b>		
	Name : _____		
	Address : _____		
	_____ Postal Code : _____		
	Contact Person : _____ Email : _____		
	Contact No : _____ Facsimile No : _____		
	Affiliate Membership No : _____ Expiry Date : _____		
<b>2</b>	<b>Fulfillment of the following criteria</b>	<b>Yes</b>	<b>No</b>
<b>2.1</b>	<b>Programme Director</b>		
	<i>Undertakes to review the standards of AED/CPR+AED Programme conducted at his / her training centre and ensure compliance to NRC guidelines</i>	<input type="radio"/>	<input type="radio"/>
	<i>Undertakes to be responsible to ensure that all AED instructors update and enhance their knowledge and skills in AED training</i>	<input type="radio"/>	<input type="radio"/>
	If any of the criteria is not met, please specify reasons : _____ _____ _____		
<b>2.2</b>	<b>Chief Instructor (CI)</b>		
	<i>There is a CI for every AED/CPR+AED Provider Course <b>(Please provide the name of the CI and attach his/her current instructor certificate)</b></i>	<input type="radio"/>	<input type="radio"/>
	<i>Is an active AED Instructor for at least 3 years before being appointed as CI</i>	<input type="radio"/>	<input type="radio"/>
	<i>Is appointed by the Programme Director of the centre and accepted by the training centre</i>	<input type="radio"/>	<input type="radio"/>
	<i>Personally oversees the conduct of AED/CPR+AED Provider Course under his/her purview</i>	<input type="radio"/>	<input type="radio"/>

	<p>If any of the criteria is not met, please specify reasons :</p> <hr/> <hr/> <hr/>		
2.3	<p><b>Instructors</b></p> <p><i>Have successfully completed an NRC accredited AED/CPR+AED Course or its equivalent before being eligible to go through an AED/CPR+AED Instructor Course</i>  <b>(Please attach list of instructors and their current instructor certificates)</b></p>	O	O
	<p><i>Have successfully completed an NRC accredited AED/CPR+AED Instructor Course or equivalent and instructed in at least 2 AED/CPR+AED Provider Courses within 1 year of completing the Instructor's Course before being eligible for certification as an AED Instructor</i></p>	O	O
	<p><i>The AED/CPR+AED Provider Course has no fewer than 1 AED Instructor for every 6 AED trainees with 1 manikin and 1 AED</i></p>	O	O
	<p>If any of the criteria is not met, please specify reasons :</p> <hr/> <hr/> <hr/>		
2.4	<p><b>Training Centre (TC)</b></p> <p><i>Undertakes to provide appropriate facilities and equipment to facilitate the training</i></p>	O	O
	<p>If any of the criteria is not met, please specify reasons :</p> <hr/> <hr/> <hr/>		
3	<p><b>Programme and Contents</b></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>  <b>(Please attach programme schedule and list of training dates/times/venues for the next 6 months)</b></p>	O	O
	<p><i>Are the training manuals written in accordance to NRC recommended AED/CPR+AED teaching guidelines?</i>  <b>(Please attach training manuals)</b></p>	O	O
	<p><i>Are the course materials sent to the participants at least 2 weeks prior to the course?</i></p>	O	O
	<p><i>Is the recommended passing rate and format for the theory and practical tests followed?</i>  <b>(Please attach theory question and practical sheet)</b></p>	O	O
	<p><i>Is the training centre coming up with their own scenarios for</i></p>		

	<p>testing? <b>(Please submit proposed scenarios)</b></p> <p>Are all stand-alone AED course participants currently certified in CPR by an NRC accredited institution or equivalent?</p>	<p><input type="radio"/></p> <p><input type="radio"/></p>	<p><input type="radio"/></p> <p><input type="radio"/></p>
	<p>If any of the criteria is not met, please specify reasons:</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<b>4</b>	<p><b>Certification</b></p> <p>Are the trainees given certificates (with date of issue and signed by CI) when they successfully complete the training?</p> <p>Is the certificate valid for 2 years?</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>
<b>5</b>	<p><b>Records</b></p> <p>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 AED/CPR+AED Certificate)</p> <p>Does the centre maintain its own registry of Chief Instructor(s) and Instructors and their participation in training activities?</p>	<p><input type="radio"/></p> <p><input type="radio"/></p>	<p><input type="radio"/></p> <p><input type="radio"/></p>
<b>6</b>	<p><b>Evaluation of AED Training Programme</b></p> <p>Is there any evaluation procedure by which the standards of training programme are assessed and maintained? <b>(Please attach a copy of feedback form)</b></p> <p>Does the centre maintain records of feedback and evaluation information for referral purposes?</p> <p>Are the evaluation tools and methods reviewed regularly and revised according to current developments in this field?</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>
<b>7</b>	<p>I, _____ (Name of Training Centre 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><i>Note: Please ensure all the necessary information/documents are submitted with the application form. Incomplete application form will result in delay of accreditation.</i></p>		

**For Official Use Only**

**Receipt No** : \_\_\_\_\_

Date of Issue : \_\_\_\_\_

Expiry Date : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name/Signature

Date