



## APPLICATION FOR THE ACCREDITATION OF NEONATAL RESUSCITATION TRAINING CENTRE (NEONATAL 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, 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>Mission and objectives (Please state)</b>		
	<b>Mission</b> : _____		
	<b>Objective 1:</b> _____		
	<b>Objective 2:</b> _____		
	<b>Objective 3:</b> _____		
<b>3</b>	Fulfillment of the following criteria	Yes	No
<b>3.1</b>	Director		
	<i>Undertakes to oversee the training and ensure consistent standard of the teaching of every Neonatal Resuscitation course</i>	○	○
	<i>Undertakes to be responsible to ensure that all instructors update and enhance their knowledge and skills in neonatal resuscitation training</i>	○	○
	If any of the criteria is not met, please specify reasons : _____ _____ _____		

3.2	<p><b>Chief Instructor (CI)</b></p> <p><i>Is an active Neonatal Resuscitation course Instructor for 3 years (Please provide the name of the Chief Instructor &amp; attach his/her current instructor certificate)</i></p> <p><i>Is appointed by the Director of the centre and accepted by the training centre</i></p>	<p>0</p> <p>0</p>	<p>0</p> <p>0</p>
<p>If any of the criteria is not met, please specify reasons :</p> <p>_____</p> <p>_____</p> <p>_____</p>			
3.3	<p><b>Instructors</b></p> <p><i>Have attended a Neonatal Resuscitation course successfully (Please attach list of instructors and their current instructor certificates)</i></p> <p><i>Have instructed in at least 2 Neonatal Resuscitation courses within 1 year of completing the Neonatal Resuscitation Course before being eligible for certification as an Neonatal Resuscitation Instructor</i></p> <p><i>Is the ratio of instructor to participant 1: 8?</i></p>	<p>0</p> <p>0</p> <p>0</p>	<p>0</p> <p>0</p> <p>0</p>
<p>If any of the criteria is not met, please specify reasons :</p> <p>_____</p> <p>_____</p> <p>_____</p>			
3.4	<p><b>Training Centre (TC)</b></p> <p><i>Undertakes to ensure that all instructors update and enhance their knowledge and skills in Neonatal Resuscitation Training</i></p>	<p>0</p>	<p>0</p>
<p>If any of the criteria is not met, please specify reasons :</p> <p>_____</p> <p>_____</p> <p>_____</p>			

4	<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? (Please attach programme schedule and list of training dates/times for the next 6 months)</i></p> <p><i>Do the contents of the training adhere to the recommended Neonatal Resuscitation Course teaching guidelines? (Please attach training manuals)</i></p> <p><i>Is a theory and practical test administered at the end of the programme? (Please attach theory question and practical sheet)</i></p> <p><i>Are the course materials sent to the participants at least one week prior to the course?</i></p> <p><i>Is the recommended passing rate for the theory and practical tests followed?</i></p>	<p>○</p> <p>○</p> <p>○</p> <p>○</p> <p>○</p>	<p>○</p> <p>○</p> <p>○</p> <p>○</p> <p>○</p>
<p>If any of the criteria is not met, please specify reasons :</p> <hr/> <hr/> <hr/> <hr/>			
5	<p><b>Facilities and Equipment</b></p> <p><i>Are the child and infant manikins and a defibrillator to be used in good working condition?</i></p> <p><i>Are the manikins properly maintained and disinfected according to the recommended safety measures?</i></p>	<p>○</p> <p>○</p>	<p>○</p> <p>○</p>
6	<p><b>Certification</b></p> <p><i>Are the trainees 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>○</p> <p>○</p>	<p>○</p> <p>○</p> <p>(Please specify validity period)</p>
7	<p><b>Records</b></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 Neonatal TC Certificate)</i></p> <p><i>Does the centre maintain its own registry of Chief Instructor(s) and Instructors and their participation in training activities?</i></p>	<p>○</p> <p>○</p>	<p>○</p> <p>○</p>

8	<p><b>Evaluation of Neonatal Resuscitation Training Programme</b></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>O</p> <p>O</p> <p>O</p>	<p>O</p> <p>O</p> <p>O</p>
9	<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>		

<p><b><u>For Official Use Only</u></b></p> <p>Date of Issue : _____</p> <p>Name/Signature : _____</p>	<p><b>Receipt No</b> : _____</p> <p>Expiry Date : _____</p> <p>Date : _____</p>
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