



APPLICATION FOR THE ACCREDITATION OF ADVANCED CARDIAC LIFE SUPPORT TRAINING CENTRE (ACLS 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, 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	Training Centre		
	<i>Does the training centre have at least 1 Chief Instructor (CI) in each course?</i>	<input type="radio"/>	<input type="radio"/>
	<i>Does the training centre maintain a record of the following :</i>		
	• <i>A list of accredited instructors in TC</i>	<input type="radio"/>	<input type="radio"/>
	• <i>The number of accredited instructors</i>	<input type="radio"/>	<input type="radio"/>
	• <i>The necessary qualifications of the instructors</i>	<input type="radio"/>	<input type="radio"/>
	• <i>The method of appointing or selecting them</i>	<input type="radio"/>	<input type="radio"/>
	• <i>Undertakes to ensure that all instructors update and enhance their knowledge and skills in ACLS Training</i>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>

	<p>If any of the criteria is not met, please specify reasons :</p> <p>_____</p> <p>_____</p> <p>_____</p>		
3.2	<p>Chief Instructor (CI)</p> <p><i>Is an active ACLS Instructor with a recognised CPR Training Centre for at least 2 courses per annum</i> (Please provide the name of the CI and attach his/her current instructor certificate)</p>	O	O
	<p>If any of the criteria is not met, please specify reasons :</p> <p>_____</p> <p>_____</p> <p>_____</p>		
3.3	<p>Instructors</p> <p><i>Have attended an ACLS Instructor Course successfully and are qualified instructors</i> (Please attach list of instructors and their current instructor certificates)</p> <p><i>Is the maximum ratio of instructor to participant 1:6?</i></p>	O	O
	<p>If any of the criteria is not met, please specify reasons :</p> <p>_____</p> <p>_____</p> <p>_____</p>		
4	<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 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 Course teaching guidelines?</i> (Please attach training manuals)</p> <p><i>Is a theory and practical test administered at the end of the programme?</i> (Please attach theory question and practical sheet)</p> <p><i>Are the course materials sent to the participants at least two weeks prior to the course?</i></p>	O	O
		O	O
		O	O
		O	O

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