



## APPLICATION FOR THE ACCREDITATION OF LIFE SUPPORT COURSE FOR NURSES TRAINING CENTRE (LSCN 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 it 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 **1<sup>st</sup> January** regardless of the month the training centre is accredited.
- 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>	<b>Fulfillment of the following criteria</b>	<b>Yes</b>	<b>No</b>
<b>3.1</b>	<b>Chief Instructor (CI)</b>		
	<i>There is a CI for every LSCN Provider Course</i>	<input type="radio"/>	<input type="radio"/>
	<i>Is he / she an active LSCN Instructor approved by the LSCN subcommittee of the National Resuscitation Council, Singapore?</i>	<input type="radio"/>	<input type="radio"/>
	<b>(Please provide the name of the CI and attach his/her current instructor certificate)</b>		

	<p>If any of the above criteria is not met, please specify reasons :</p> <hr/> <hr/> <hr/>		
3.2	<b>Instructors</b>		
	<p><i>Have successfully completed an NRC accredited LSCN / ACLS Instructor Course and are certified as a qualified instructor</i>  <b>(Please attach list of instructors and their current instructor certificates)</b></p>	O	O
	<p><i>The LSCN Instructor is an instructor for at least 2 courses (LSCN / ACLS) in 1 year</i></p>	O	O
	<p><i>The LSCN Course has no fewer than 1 LSCN Instructor for every 6 LSCN trainees in the skill stations</i></p>	O	O
	<p>If any of the above criteria is not met, please specify reasons :</p> <hr/> <hr/> <hr/>		
4	<b>Programme and Contents</b>		
	<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 for the next 6 months)</b></p>	O	O
	<p><i>Are the training manuals written in accordance to NRC recommended LSCN teaching guidelines?</i>  <b>(Please attach training manuals)</b></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>If any of the above criteria is not met, please specify reasons :</p> <hr/> <hr/> <hr/>		
5	<b>Facilities and Equipment</b>		
	<p><i>Are there manikins with features to teach advanced airway management, defibrillation and megacode?</i></p>	O	O

6	<b>Certification</b> <i>Is the certificate valid for 2 years?</i>	O	O  (Please specify validity period)
7	<b>Records</b> <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 LSCN Certificate)</i>  <i>Does the centre maintain its own registry of Chief Instructor(s) and Instructors and their participation in training activities?</i>	O  O	O  O
8	<b>Evaluation of LSCN Training Programme</b> <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>  <i>Does the centre maintain records of feedback and evaluate the information?</i>	O  O	O  O
9	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.  Signature: _____ Date: _____  <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>		

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