 **NATIONAL POSTGRDUATE MEDICAL COLLEGE OF NIGERIA, IJANIKIN, LAGOS**

 **UNIFORM CRITERIA/GUIDELINES FOR ACCREDITATION OF TRANING INSTITUTION**

**TABLE OF REQUIREMENTS AND GRADING**

**NAME OF INSTUTION** :………………………………..…………………………………………………………**DATE VISITED** :…………………………..

FACULTY :…………………………………………………………………ADDRESS……………………………………………………………………………………………..

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Requirement** | **Inadequate**  | **Partially Adequate** | **Full Adequate** |
| 1. | **Qualified and experienced personnel** a. Prescribed number (full time/Part time b. prescribed trainers: trainees ratio c. support personnel **(15 Points)** |  |  |  |
| 2. | **Appropriate infrastructure** a. basic: water, light, sewage etcb. core departments presentsc. support departments presents **(10 Points)** |  |  |  |
| 3 | **Equipment** a. core equipmentb. support equipment **(20 Points)** |  |  |  |
| 4 | **Well-structured training programme** a. seen by allb. content (lectures, tutorial , bedside sessions )  **(15 Points)** |  |  |  |
| 5 | **Opportunities/ Evidence of skill acquisition** 1. Procedure Registrar
2. Theater List
3. Log Book **(15 Points)**
 |  |  |  |
| 6 | **Access to new information**a. libraryb. Internet  **(15 Points)** |  |  |  |
| 7 | **Regular feedback and evaluation** **( 10 Point)** |  |  |  |
| 8 | **TOTAL** |  |  |  |

**Name & Signature of Panel Members Faculty Secretary ………………………………….............**

1…………………………………………………………………………. **Signature & Date**

2……………………………………………………………………….. **Faculty Chairman**:……………………………………………….

3………………………………………………………………………… **Signature & Date**

4………………………………………………………………………..