 **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 etc  b. core departments presents  c. support departments presents **(10 Points)** |  |  |  |
| 3 | **Equipment**  a. core equipment  b. support equipment **(20 Points)** |  |  |  |
| 4 | **Well-structured training programme**  a. seen by all  b. 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. library  b. 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………………………………………………………………………..