

Application for Recognition as an Approved Practice Setting (APS)

Date:

Application type:

- New**
- Renewal**

This document is designed to assist a health facility to become recognised by DOH as an Approved Practice Setting (APS). If a health facility meets the requirements of an APS, this will satisfy DOH that appropriate support and supervision is available and provided to trainees to ensure their safe integration into medical practice in Abu Dhabi.

Before you complete this form you should read the document 'DOH Basic Medical Training Facility Requirements for Health Professional Training Programs in Abu Dhabi'.

All health facilities applying, must complete all sections of the application and submit to the Medical Education Section at DOH. All questions (unless inapplicable to your facility), must be completed in full paragraphs and key information from supporting documents need to be integrated into the application. Supporting documents should be appended clearly in the top left hand corner as to which question number they relate to.

The processing time for an application is calculated from the date on which the completed application is received. Incomplete applications will delay the approval process.

By signing, I acknowledge the below statements are true and correct:

- I declare that I have read and understood all of the information provided in this application.
- I give consent for DOH to use this information for any future application made by me.
- I authorise DOH to verify any information provided by me.
- I declare that all information provided in this application and in documents submitted is true and correct.
- I authorise DOH to provide all information and documents provided with and/or obtained in connection with this application to all participating institutions for any purpose connected with my application.
- I understand that completing this application does not grant/entitle the facility to DOH's recognition.

	Name	Signature
Program Director		
Chair of Academic Department		

SECTION 5.1 PROGRAM INFORMATION

5.1.1			
5.1.1.1	Name of health facility:		
	Address:		
	Telephone:	FAX:	Web site:
5.1.1.2	Name of the site visit coordinator:		
	Telephone:	FAX:	Email:
	Date First Appointed:		
5.1.1.3	Name of Facility Director:		
	Telephone:	FAX:	Email:
5.1.1.4	Name of Academic Director (or equivalent):		
	Telephone:	FAX:	Email:
5.1.1.5	Number of Academic programs offered at facility (If not applicable, skip to section 5.2)		
	Type of Academic programs offered at facility		
5.1.1.6	Date program(s) was established		
5.1.1.7	Maximum number of trainee positions in each program and their current enrollment		
5.1.1.8	Describe how the Recommendations and Suggestions that resulted from the last recognition survey report have been addressed (If applicable).		

5.1.1.9	Attach as an appendix training policies and procedures (Indicating roles of the trainee and the training site)		

SECTION 5.2 INSTITUTIONAL REQUIREMENTS

5.2.1		
5.2.1.1	DOH facility license number	
5.2.1.2	Current facility Accreditation/Recognition certifications e.g JCI, ACGME, ISO...etc (Attach as an appendix)	
5.2.1.3	The terms of reference for the academic body/committee that oversees training experiences at your facility (Attach as an appendix)	
5.2.1.4	A list of the associated health facilities involved in training	Name #1: Address: Telephone: Website/ Email:
		Name #2: Address: Telephone: Website/ Email:
		Other:
5.2.1.5	Name the affiliated health professional school, if applicable	Name of Medical School #1
		Name of Medical School #2
5.2.2		
5.2.2.1	<p>Comment on the adequacy of the facility's resources to provide patient care and meet educational objectives and confirm that trainees are not required to fulfil institutional service, teaching or research obligations.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
5.2.3		
5.2.3.1	Provide as an appendix, the job description, and a current curriculum vitae of the academic director (or equivalent designate)	

5.2.4				
5.2.4.1	Provide a list of the meeting dates from the past year, indicating whether a record of attendance was taken (For renewal applications only)	Meeting date	Meeting subject	Attendance taken () Yes () No
5.2.4.2	Provide as an appendix, a detailed description of the planned frequency format expected for membership and administrative functions of these meetings			

SECTION 5.3 PHYSICAL FACILITIES

5.3.1			
5.3.1.1	Provide a detailed description of the program facilities (physical infrastructure, particularly in relation to space requirements and configuration of premises). <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

5.3.1.2

Indicate which of the following sections are available within your facility (input N/A for Not Applicable):

Section	✓, ✗, N/A	Remarks
Anesthesiology Department		
Emergency Department		
Intensive Care Unite		
Radiology Department (Indicate equipment used)		
Physiotherapy Department		
Isolation Unit		
Outpatient Clinics		
Laboratory (Indicate type of tests performed)		
Blood Bank (Indicate type of tests performed)		
Medical Records		
Medical Library (Indicate type of Educational material available)		
Pharmacy		

5.3.1.3	Attach as an appendix, an organizational chart of the training facility.
5.3.1.4	Describe the facility's plan for the maintenance, repair and/or replacement of clinical and laboratory equipment and supplies as it relates to training programs. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
5.3.1.5	Specify training/consulting facilities/equipment available in your organization (e.g lecture rooms, library, conference halls, meeting rooms, audio-visual aids, computers, etc) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
5.3.1.6	Identify any areas in which there is insufficient space. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

SECTION 5.4 PROFESSIONAL STAFF

5.4.1				
5.4.1.1	Please provide below, details on the key administrative officials for this program.			
	Academic Title (e.g. program Director, Assistany/Deputy Director,Core Faculty Member)	Name	Subspecialty/Qualification	DOH license # (specialist/consultant)
	# 1			
	# 2			
	# 3			
	# 4			
	# 5			
	# 6			
	# 7			
	# 8			
5.4.1.2	Attach as an appendix, current curriculum vitae and job description(s) for each of the core teaching staff members involved in health professional training programs.			
5.4.1.3	Provide information regarding the percentage of time core teaching staff members are supervising and/or consulting in the training experience.			

5.4.1.4	Describe teaching staff involvement in the program planning and ongoing program review and evaluation.			

5.4.1.5	Attach as an appendix the HR letter stating expected continued institutional support for the program			

Signatures

Chief Executive Officer (CEO)

Name:

Signature:

The Head of Human Resources

Department

Name:

Signature:

Chief Marketing Officer (CMO)

Name:

Signature:

Applicant & Title

Name:

Signature:

Appendix 2

5.2 Institutional Requirements

5.2.1

5.2.1.2	5.2.1.2 Attach as an appendix current facility Accreditation/Recognition certifications (e.g JCI, ACGME, ISO...etc)
5.2.1.3	5.2.1.3 Attach as an appendix the terms of reference for the academic body/committee that oversees training experiences at your facility
5.2.1.5	5.2.1.6 Name the affiliated health professional school, if applicable. (Attach as an appendix affiliation agreement)

5.2.3

5.2.3.1	5.2.1.6 Provide as an appendix, the job description, and a current curriculum vitae of the academic director (or equivalent designate)
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5.2.4

5.2.4.1	Provide as an appendix, a list of the meeting dates from the past year, indicating whether a record of attendance was taken. Provide on-site a copy of the minutes for the last two (2) years (For renewal applications only)
5.2.4.2	Provide as an appendix, a detailed description of the planned frequency format expected for membership and administrative functions of these meetings

Appendix 3

5.3 Physical Facilities

5.3.1

5.3.1.2	Attach as an appendix, a floor plan of the facility along with a detailed description of the program facilities.
5.3.1.3	Attach as an appendix, an organizational chart of the training facility.

Appendix 4

5.4 Professional Staff

5.4.1

5.4.1.2	Attach as an appendix, current curriculum vitae and job description(s) for each of the core teaching staff members involved in health professional training programs.
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