



**BADDA CAS AREA - HARGEISA, SOMALILAND**

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THE REPUBLIC OF SOMALILAND  
**APPLICATION FORM FOR REGISTRATION AND ACCREDITATION OF HEALTH**  
**TRAINING INSTITUTIONS.**

**NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION**  
 Please PRINT and Return the Original Form to NHPC Office

**For Office**  
**Use Only**

**A- INSTITUTION'S INFORMATION**

1. Name of Institution: .....
2. Physical Address: .....
3. Telephone: .....
4. Email: .....
5. Website: .....
6. Established Date: .....
7. Reg. Status: .....
8. Type of Institution: .....
  - a. Public: .....
  - b. Private: .....
  - c. Private for Non-Profit: .....
  - d. Others (Specify): .....
9. State the location of current/proposed health training institution.
  - a) District/Area: .....
  - b) City/Town/Village: .....
  - c) Region: .....
  - a) Do you own the property?    Yes             No
  - b) If yes (Please attach a photocopy of prove of ownership
  - c) If no attach tenancy agreement.
  - d) Others (Specify): .....

Received On:

Amount SL.SH:

Receipt No:

Reg. No:

Reg. Date :

Assessed by:

Date:

Signature:

Verified by:

Date:

Signature:

**B- VISION, MISSION, OBJECTIVES AND CORE VALUES**

1. State the vision of the institution:

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2. State the mission of the institution:

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3. State the objectives of the institution:

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4. State the core values of the institution:

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**C. GOVERNANCE AND MANAGEMENT STRUCTURES**

1. State the governance structures of the institution:

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2. State the management structure of Institution:

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**D. INSTITUTIONAL RESOURCES**

1. List available human resources for the management and operational of the institution. If more space is needed, use an additional sheet and attach it to this form.

Name	Title	Qualifications

2. State the current sources of funding for the institution:

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 .....  
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3. State expected sources of funding for the institution:

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4. State the equipment and materials available for the institutions. (Teaching Materials, Laboratory, Skill Laboratory Equipment etc.): Use the list on the Criteria document for guidance:

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## E. INSTITUTIONAL INFRASTRUCTURE AND ACADEMIC PROGRAMMES

1. State the existing infrastructure (State the number of buildings, class rooms, offices, toilets and teaching halls etc).

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2. State the existing programmes of study that you are seeking for accreditation.

Program	Duration	Qualifications	Commencement Date

3. State the proposed programmes of study that you are seeking for accreditation.

Program	Duration	Qualifications	Commencement Date

4. List the names, qualifications and years of experiences for the program lecturers.

Name	Qualifications	Years of Teaching Experiences

**NB:** Lecturers for the above specified programs (such as medicine, nursing etc) who are in practice must be registered and licensed with the commission.

**F. PARTICULARS OF OWNERS (if not government owned)**

**NB:** If more space is needed or the organization has shareholders please attach the list.

Name.....Tel.....

Signature.....Date.....

Name.....Tel.....

Signature.....Date.....

Name.....Tel.....

Signature.....Date.....

Name.....Tel.....

Signature.....Date.....

Name.....Tel.....

Signature.....Date.....

**Facility Director/Manager/CEO/President/Chancellor** *(Circle One)*

Name: .....

Title: .....

Signature.....Date.....

**Institution's Official Stamp:**

# **Documents Needed**

***NB: In support of your application, please attach the following required documents to this application.***

1. Teaching equipment and material list.
2. Prove of ownership or tenancy agreement.
3. Prove of business or public registration.
4. Constitution/Article of Association.
5. Strategic plan/business plan (with financial and operational manuals/policies).
6. Prove of accreditation from the Ministry of Education.
7. Final report of NHPC facility assessment (If assessed by NHPC).
8. Registrations and licensure of program lecturers for applicable *courses (such as Medicine, Nursing, Laboratory etc)*.
9. Any other supporting document requested by NHPC.

**FOR OFFICIAL USE ONLY**

**Regulation Officer:**

Full name:


**Comments:**

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Date (**DD/MM/YYYY**): 

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 Signature:

**Executive Director:**

Full Name


**Comments**

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**Recommended**  **Not Recommended**

Date (**DD/MM/YYYY**): 

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 Signature:

**NHPC Chair Person:**

Full Name:


**Comments**

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**Approved**  **Not Approved**

Date (**DD/MM/YYYY**): 

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 Signature: