Application form for Accreditation Of Nursing Education Programme

Nepal Nursing Council
Kathmandu
Nepal
Application form for Accreditation
Of
Nursing Education Programme

This application form for accreditation is developed for Auxiliary Nurse Midwife, Proficiency Certificate Level, Bachelor of Nursing and Basic B.Sc. Nursing education Programmes, each programme is required to fill out form according to the giving guidelines.

The accreditation fee for each programme is Rs.55,000/- and the accreditation fee for A.N.M Programme is Rs. 25,000/- The cash should be deposited in SBI Bank, Maharajgunj A/C No. 20435240100009 and the voucher should be attached with the application form.

Each programme has to submit a self-assessment guideline report along with the application form and related documents of the institution as follows.

1. Written philosophy,
2. Aims and objectives of the institution,
3. Name list of the governing body,
4. Copy of the organizational structure,
5. Annual plan and budget document,
6. List of teaching hospital facilities,
7. Latter of agreement with hospital,
8. List of educational materials,
9. Copy of curriculum guideline instructional Management,
10. Copy of evaluation tool and annual report,

The application form and self assessment guideline form are available at the office of Nepal Nursing Council on Payment of Rs. 500/-
Application form
for Accreditation

Requested for……………………………………………… Programme

Name of the Institution:
Date of Establishment:

Address: A. Permanent- Zone……………………………. District

.................................................................
Municipality/VDC…………….. Ward
No……………………………….. B. Temporary- Zone…………………………….. District

.................................................................
Municipality/VDC…………….. Ward
No………………………………..

Duration of the programme: ...........................................................

No. of intake per year: ........................................................................

Total no. of students: .................................................................

Date of the last Accreditation: .................................................................

Supported by : Individual/Group/Agency/Institution

Full address of supporter:

Address of correspondence:

Name:………………………… Designation:……………………………..

Zone:………………………… District:…………………………...

Municipality/VDC:…………….. Ward No:…………………………..

Tel No:………………………… Fax No:…………………………..

E-mail:…………………………………………………………………….

Submission date of application: .................................................................

Official Stamp

Signature of application

Full Name:
Designation:
Date:
Self-Assessment Form For Accreditation Of Bachelor of Nursing Education Programme 2056 (1999)

Nepal Nursing Council
Kathmandu
Nepal
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Self Assessment form for Accreditation of
Bachelor of Nursing Education
Programme

Introduction

A self-assessment report should be submitted on the basis of the minimum requirements for monitoring of Bachelor nursing education programme prescribed by the Nepal Nursing Council (NNC) concerning quality of nursing education programmes. The nursing institute should provide the necessary report for carrying out the assessment properly in order to supervision and monitor the nursing education programme.

1: General Information

1:1: Name of the institution ..............................................

1:2: Address .................................................................

1:3: Type of Programme ...................................................

1:4: Date of establishment of the programme... .....................

1:5: Date of supervision and monitor done by the Nepal Nursing Council.................................................................

1:6: Number of students graduated last year .......................

1:7: Total number of students graduated .............................

1:8: Number of students studying at present 1st year 2nd year

Yes  No

1:9: Is there any follow up programme for graduates?

If yes, explain .................................................................
2: Organization and Administration

2:1: Program philosophy

2:2: Program aim & Objectives

2:3: Mission and vision

2:4: Governing body:
   2:4:1: Academic management committee.
   or
   2:4:2: Trust
   or
   2:4:3: Board

2:5: Organization structure

2:6: Administrative section
   2:6:1: Budgeting section
   2:6:2: Personnel section
   2:6:3: Academic section

2:7: Standing committees
   2:7:1: Advisory committee
   2:7:2: Curriculum committee
   2:7:3: Examination committee
   2:7:4: Library committee
   2:7:5: Student welfare committee
   2:7:6: Coordination committee
2:7:6:1: Hospital committee

2:7:6:2: Community health nursing committee

2:7:7: Evaluation committee

2:8: Financial system

2:8:1: Annual plan and budget

2:8:2: Date of last audit …………………………………………

2:8:3: Source of income, please explain……………………

……………………………………………………………………

2:9: Nursing education administration

2:9:1: Qualification/experience of nursing education director/Principal/ campus chief.

Name…………………………………………………………

Qualifications………………………………………………

How long has been working in this institution?………

2:9:2: Written responsibilities of nursing education director/Principal campus chief

Yes No

2:10: Nursing Faculty

2:10:1: Name, qualification, present position and working experience of faculty members

1) ……………………………………………………………
2) ........................................................................................................
3) ........................................................................................................
4) ........................................................................................................
5) ........................................................................................................
6) ........................................................................................................

2:10:2: Written Job – description of Faculty

2:11: Student / teacher ratio including campus-chief

2:11:1: Overall ratio of nursing teacher/students.........................
2:11:2: Classroom ratio.................................................................
2:11:3: Clinical field/practice supervision ratio.........................
2:11:4: Community field ratio......................................................
2:11:5: Number of full time teachers...........................................
2:11:6: Number of part time teachers and subjects .................

...............................................................

2:12: Teaching load

2:12:1: Classroom teaching hours by class Co-ordinator

theory.................................................................

2:12:2: Average teaching hours by nursing teachers.
Theory.................................................................

2:12:3: Clinical experience supervised hours by teachers per

2:12:4: Teaching hours by head of the department per week

Theory.................................................................

2:13: Student Enrollment Policy Yes No

2:13:1: Admission policy

2:13:1:1: Intake of students per year.................

2:13:1:2: Entry level academic qualification of students.................................

2:13:1:3: Sex of students .........................


2:14: Student development

2:14:1: Extra curricular events attended at local and national level, by the each batch of students

1) .................................................................

2) .................................................................

3) .................................................................

4) .................................................................
2:14:2: Education exhibition organized by each batch of students

1) ..................................................................................
2) ..................................................................................
3) ..................................................................................
4) ..................................................................................

2:14:3: Participate in various professional/social activities

1) ..................................................................................
2) ..................................................................................
3) ..................................................................................
4) ..................................................................................

3: Faculty development

3:1: Professional article writing by teachers

3:1:1: Date/year and name of teachers who wrote a professional articles

1) ..................................................................................
2) ..................................................................................
3) ..................................................................................
4) ..................................................................................

3:2: Participation in various professional social activities.

.....................................................................................
3:3: Seminar / workshop organized by faculty

3:4: Inservice education training

3:4:1: Date / year and names of teachers who had undergone different types of inservice education training

1) ......................................................

2) ......................................................

3) ......................................................

4) ......................................................

4: Teaching facilities, equipment and hostel facilities

4:1: Number of offices for academic and administrative staff........

4:2: Number of classrooms ......................................................

4:3: Number of nursing lab ......................................................

5: Other facilities

5:1: Outdoor athletic field

5:2: Indoor games area

5:3: Transportation

5:4: Others
6: Hospital nursing facilities for clinical practice

6:1: Name of the main Hospitals……………………………………

6:2: Number of bed…………………………………………………. 

6:3: List the types of unit/wards……………………………………

1) …………………………………………………………………

2) …………………………………………………………………

3) …………………………………………………………………

6:4: Letter of agreement with the hospital for clinical practice  Yes No

6:5: Usage of other hospital facilities
   No. & Name of the hospital

6:6: Students clinical performance logbook

6:7: Letter of agreement with nursing campus for one academic batch

7: Community health nursing facilities for field practice

7:1: Name of the field site ………………………………………….. 

7:2: Daily flow of patients ………………………………………….. 

7:3: Type of services available for field practice ………………… 
   …………………………………………………………………

7:4: Student field performance logbook

7:5: Letter of agreement with the community organization
8: Midwifery clinical facilities

8:1: Name of the maternity hospital .............................................

8:2: Number of maternity beds .................................................

8:3: Facilities for maternity services

8:3:1: ANC service

8:3:2: Natal service

8:3:3: Post natal service

8:3:4: Special baby care unit

8:3:5: F/P MCH services

8:4: Student midwifery clinical logbook

8:5: Letter of agreement with the Maternity Hospital

9: Teaching learning guidebook

9:1: Student learning guidebook

9:2: Teacher's guidebook

9:3: Educational Exhibition guidebook and organized

10: Educational equipment and materials

10:1: Models and charts

10:2: Teaching/learning aids

10:3: Equipment for demonstrating nursing procedure
11: Library

11:1: Percentage of textbooks ..............................................
11:2: Number of reference books ............................................
11:3: Health related Reports
11:4: Health related magazines and journals
11:5: Health related research studies
11:6: Curriculum of the programme
11:7: Seating capacity for library study

12: Curriculum guidelines and instruction management

12:1: Curriculum used according to Nepal Nursing Council approval
12:2: Master plan
12:3: Calendar of operation
12:4: Rotation plan

Section of Class

Morning □ Evening □ Night □

12:6: Evaluation scheme

12:6:1: Types and weightages of internal assessment schemes

12:6:1:1: Theory ..........................................................%......
12:6:1:2: Practical………………………………….%

12:6:2: Passing Percentage

12:6:2:1: Theory…………………………………….%
12:6:2:2: Practical………………………………….%

12:6:3: Types of final examination

12:6:3:1: Theory…………………………………….%
12:6:3:2: Practical………………………………….%

12:6:4: Weightages of final examination %

12:6:4:1: Theory…………………………………….%
12:6:4:2: Practical………………………………….%