Accreditation of Institutions awarding degrees and higher diplomas in Medical Laboratory Technology

Ceylon Medical College Council

Application Form

A) Following information is required to be submitted by your University/Institution:

1. Program Information

- Name of the Program:
- Program Delivery Language:
- Intended Learning Outcomes of the Program

  (Please attach evident documents)

2. Curriculum
- Attach a detailed curriculum of the program
- The details should include the semester base teaching plan for subject areas (a brief description of the areas to be taught with intended learning outcomes, teaching methods and number of credits covered should be included)
- Details should be presented in table format

  Example :

Name and Course code	Brief description of subject areas	Learning outcome	Teaching methods (Include method and allocated time)	Number of credits covered

3. Academic Staff Credentials

Provide the following information for each teaching staff member:

Name of Academic Person	Credentials	Full-time/Part-time	Commitment to coverup/Teaching Unit number as per curriculum	Time commitment (applicable to part time academics only)

4. Principal Managerial and Administrative Staff

Provide the qualifications (diplomas/degrees) of each staff member:

Name of Administrative Staff	Position	Qualifications (Diplomas/Degrees)

5. Physical Facilities

Brief description of resources available (Please include capacity where applicable):

- Library:
- IT Laboratory:
- Lecture Halls:
- Tutorial Rooms:
- Audiovisual Facilities:
- Laboratories:

(please include the details about sharing the physical facilities by the other courses carried out by your institution)

6. Relationship to External Reference Points

How do the intended learning outcomes relate to external reference points such as national qualifications and benchmark statements?

7. Clinical/Bench Training Facilities

Details of Clinical / bench training facilities (MOUs between the selected institutions and your institution should be provided whenever appropriate) (Attach MOUs between institutions where applicable):

Name of the Laboratory	Registration Number	Accredited/ Not	Ranking of the laboratory	Any other details	Details of the supervisors and trainers *

8. Selection of Trainees

- Method of Selection:
- Entry Qualifications:
- Fees Charged from Trainees:
- Stipends Paid to Trainees (if any):

8.1 Number of Students Enrolled:

Number of batches/year	Number of students /per batch	Teacher: student

9. Assessment Details

Provide Details of Assessment: Examinations, giving brief description of each, including the nature of the tests (e.g. essay paper, MCQ test, viva voce, practical, clinicals etc.), allocation of scores for each subject, procedures to be followed in case of failures or referrals, and steps taken to safeguard confidentiality. (Attach supporting documents if any).

Type of Examination	Description	Nature of the test (E.g.: essay paper, MCQ test, viva voce, practical, clinicals etc.)	Score Allocation for each subject

10. Examiners

Provide the qualifications of the examiners:

Name of Examiner	Qualifications

11. Proposed Soft Skills Development

Soft Skills Provided by the Program:

12. Transcript Details

Type of Transcript Issued to Successful Trainees/Diplomates:
(Attach a certified copy of the transcript.)

13. Certificate Details

Type of Certificate Issued to Successful Trainees/Diplomates:
(Attach a certified copy of the certificate.)

14. Additional Documentation

Any other documentation CMCC may reasonably request you to provide on a case-by-case basis.

B) CMCC Non-refundable Processing Fee: The CMCC will charge a non-refundable processing fee to carry out the accreditation of your institution subject to review of the documentation you have provided by relevant experts.
Please attach a copy of the payment made in favor of Ceylon Medical College Council
Account No: 167 100 120 020 892
Bank: People's Bank
Branch: Town Hall
Branch Code: 167
SWIFT Code: PSBKLKLX

Type of Institution	Approved processing fee
Local Institutions	Rs. 200,000/-
Foreign Institutions – SAARC Countries	USD 2275
All other Countries	USD 2925

Declaration and Signature of the relevant Authority

By signing this form, I hereby confirm that the information provided is accurate and complete to the best of my knowledge.

Signature: Date: