

IMEAc Accreditation Application Form

1. Organization

Official name.....
Mailing address.....

2. Official Contact Point

Designate a person with in-depth knowledge of the organization, a good understanding of the application, and the authority to answer inquiries and arrange a site visit, if necessary. Contact between IMEAc and your organization is limited to this individual and the alternate official contact point. If the official contact point changes during the application process, please inform IMEAc immediately.

Title.....
Name.....
Mailing address.....
Telephone.....
Fax.....
Email.....

3. Alternate Official Contact Point

Title.....
Name.....
Mailing address.....
Telephone.....
Fax.....
Email.....

4. Release Statements

I understand that this application will be reviewed by IMEAc officers.

Responsibility for accreditation process, the organization

- has intention to improve the quality of medical education and agrees to host the site visit.
- will follow the accreditation process of IMEAc.
- prepares the necessary arrangements and cooperates to the assessment with open and sincere disclosure including facilitating the access to all necessary areas.
- will release all the essential data complying with the standards, prepare the Self-Assessment Report to IMEAc and be ready to deliver more information requested by the assessors.
- will pay reasonable costs associated with the site visit.
- will not communicate to public of misunderstanding that the organization has been accredited without certification from IMEAc
- acknowledges that the data released to IMEAc being confidential between the organization and IMEAc

5. Ethics Statement

I state and attest that

(1) I have reviewed the information provided by my organization in this application package.

(2) To the best of my knowledge,

- this package contains no untrue statement of a material fact and
- omits no material fact that I am legally permitted to disclose and that affects my organization's ethical and legal practices.

6. Attached documents and materials.

I hereby submit the following documents and materials:

- 6.1. Full Self-Assessment Report (in hard copy and in flash drive)
- 6.2. Medical Program (in hard copy and in flash drive)
- 6.3. All evidences and related documents (in flash drive)

7. Screening Checklist

Requirements	Yes	No	Details Referred to SAR page... by medical school	Details Referred to Program Specification or TQF 2 page... by medical school
1. Use an updated version of SAR template				
2. Faculty staff-to-student ratio = 1:4 throughout the curriculum				
3. Faculty-to-student ratio = 1:2 during clinical years (applicable only to Internal Medicine, Surgery, Obstetrics & Gynecology, and Pediatrics)				
4. Present of Program Learning Outcome				
5. Present of Year Learning Outcome				
6. Medical curriculum				
6.1 No. of key responsible faculty staff: a minimum of 5 members having qualifications as indicated by MHESI				
6.2 Total credits: a minimum of 180 credits				
6.3 General education courses: a minimum of 24 credits				
6.4 Medical courses: a minimum of 150 credits				
6.5 Main medical courses, minimum of 138 credits, composed of Basic biomedical sciences and Clinical sciences (a minimum of clinical sciences 70 credits)				
6.6 Specific courses designed to enhance students' potential according to their interests: minimum requirement of 12 credits (more than 12 credits are offered; students must select at least 12).				

Requirements	Yes	No	Details Referred to SAR page... by medical school	Details Referred to Program Specification or TQF 2 page... by medical school
6.7 Free electives: a minimum of 6 credits				
6.8 At least 120 hours of emergency medical practice experience.				
6.9 Duration of medical practice training (Externship): a minimum of at least 40 weeks (elective courses that involve clinical practice and foster competencies may be included).				
7. Details of teaching hospital used for clinical teaching <ul style="list-style-type: none"> o Hospital bed capacity: a minimum of 300 beds (level S - Standard level referral hospital) 				
o An average annual bed occupancy rate of at least 70%.				

8. Signature of Highest-Ranking Official

(Name.....)

Dean/Director of.....

Date.....