
NURSING COUNCIL OF HONG KONG

**MANUAL FOR ACCREDITATION AS A PROVIDER
OF CONTINUING NURSING EDUCATION**

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**MANUAL FOR ACCREDITATION AS
A PROVIDER OF CONTINUING NURSING EDUCATION (CNE)**

Table of Contents

	Page
<hr/>	
1. Introduction.....	1
2. Purposes of accrediting an organisation as a provider of CNE.....	1
3. Overview of the accreditation system.....	1
4. Policies governing operation as an accredited provider.....	2
5. Programme/Activity design criteria.....	5
6. Provider accreditation criteria.....	6
7. The application process.....	8
8. Application Form.....	10
9. Appendix: Form for Reporting Organisational Changes for Accredited Continuing Nursing Education Providers.....	19

NURSING COUNCIL OF HONG KONG MANUAL FOR ACCREDITATION AS A PROVIDER OF CONTINUING NURSING EDUCATION

1. INTRODUCTION

- 1.1 Changes are constantly affecting the nursing practice. Nurses are required to engage in life-long active learning to enhance their professionalism to cope with the changes. Continuing Nursing Education (CNE) refers to any post-registration/post-enrolment educational, skill or experience updating which is nursing specific or healthcare related with an aim to enrich the nurses' contribution to quality health care and help them in their pursuit of professional goals.
- 1.2 The Nursing Council of Hong Kong ("the Council"), being a statutory body for the regulation of the nursing profession in Hong Kong, mandates the establishment of an accreditation system to govern the standard of providers of CNE.
- 1.3 This manual provides an overview of the Council's CNE accreditation system, policies/procedures governing operation as an accredited provider to provide CNE programmes/activities and accreditation criteria for organisations to develop and organise CNE programmes/activities. Instructions on the application procedures and application form are also incorporated into this manual to facilitate organisations applying for the accredited status.

2. PURPOSES OF ACCREDITING AN ORGANISATION AS A PROVIDER OF CNE

- 2.1 To determine organisation(s) as accredited provider(s) of CNE programmes/activities.
- 2.2 To maintain and improve the quality of CNE.

3. OVERVIEW OF THE ACCREDITATION SYSTEM

- 3.1 All providers of CNE *must obtain accreditation* from the Council before their CNE programmes/activities can be recognised by the Council.

- 3.2 Any local organisation responsible for the overall development, implementation, evaluation, and quality assurance of CNE programmes/activities and with experience in organising nursing educational programmes/activities immediately before application is eligible to apply for accreditation as a provider of CNE.
- 3.3 Accreditation may be granted up to a period of three years in maximum. Accredited providers wishing to continue their accreditation status must submit an application for re-accreditation at least six months before the end of each accreditation period. All application documents must be submitted in adherence to all criteria and policies of the Council.
- 3.4 At the discretion of the Council, a visit to the CNE programme/activity or the applicant organisation may be scheduled.
- 3.5 The purpose of the visit is to make an accurate and first-hand assessment of the data given in the applicant organisation's supporting documents. The Council will work closely with the applicant organisation to verify, amplify, and clarify information presented in the written application materials and identify strengths and any areas of concern.
- 3.6 The Council will decide the accreditation status or formulate *recommendations* to the applicant organisation for CNE programmes/activities as appropriate.
- 3.7 The applicant organisation will be notified of the accreditation result and recommendations, if any, and the *effective period* of the accreditation granted.

4. POLICIES GOVERNING OPERATION AS AN ACCREDITED PROVIDER

Accredited providers must adhere to the following *policies and procedures*:

- 4.1 **Compliance with the Council's Accreditation Criteria, Policies and Procedures**
 - (1) Accredited providers are required to *meet all accreditation criteria* as stated in this Manual.
 - (2) Accreditation criteria, policies, and procedures may be revised by the Council from time to time. Accredited providers are required to comply with such changes and to implement appropriate *revisions* in their programmes/activities as soon as possible or by the date as specified by the Council.

4.2 Requirement for Reporting Data

- (1) Accredited providers must submit data about their CNE programmes/activities with each application for accreditation/re-accreditation (or as and when requested by the Council) to assist the Council to evaluate and monitor the standard of their CNE programmes/activities.
- (2) Data must be able to show fulfilment of the programme/activity-design criteria listed under section 5 Programme/Activity Design Criteria.

4.3 Recognition of the Council-CNE Points

- (1) Accredited providers may use the Council-CNE points in their communications, marketing materials, and certificates of attendance, etc.
- (2) Accredited providers may use the following terminology:

_____ is accredited as a provider of

(Name of accredited provider)

continuing nursing education by the Nursing Council of Hong Kong for the period from _____ to _____.

(Day/Month/Year) (Day/Month/Year)

4.4 Award of Council-CNE Points

Accredited providers must follow the guidelines for the award of Council-CNE points as laid down by the Council in the *“Manual for Continuing Nursing Education System”*. The minimum number of contact hours to be awarded is one. After the first contact hour, fractions or portions of the Council-CNE points will be rounded down to the nearest 0.5 Council-CNE points.

4.5 Verification of Participants and Successful Completion

Accredited providers must award *certificates or written statements or provide records* verifying an individual’s participation and successful completion of each CNE programme/activity. They should include the following elements in the certificates/written statements/records:

- (1) Name of participant;
- (2) Name of the CNE programme/activity;
- (3) Period of the CNE programme/activity (please specify the dates of commencement and completion);
- (4) Number of CNE hours and number of Council-CNE points awarded; and
- (5) Name of the accredited CNE provider.

The certificates/written statements/records should be duly signed by person-in-charge of the accredited providers or the officer(s) **personally** delegated by the person-in-charge of the accredited providers in writing. The written records of all the delegation should be properly kept for at least six years and made available for the Council's inspection when necessary and reported to the Council within 30 days of the effective date of the delegation by using the form at Section 9 (*Appendix: Form for Reporting Organisational Changes for Accredited CNE Providers*).

4.6 Co-provided Programmes/Activities

- (1) An accredited provider may co-provide programmes/activities with other non-accredited providers.

- (2) The co-provided programme/activity (*for which Council-CNE points will be awarded by the accredited provider*) must be planned and implemented with the **direct** involvement of the accredited provider's "Nurse Planner" [please refer to paragraphs 5.1(1) and 6.6] in all stages of development of the programme/activity – from initial planning through implementation and evaluation.

4.7 Providers Cannot Approve Programmes/Activities

Within the Council's system, accredited providers who provide CNE programmes/ activities *cannot approve* another organisation's CNE programmes/ activities.

4.8 Organisational Changes

- (1) Accredited organisations must *report changes* in the organisations that occur after accredited status is awarded.
- (2) All statements of change will be reviewed by the Council.
- (3) Changes in ownership, name, and structure, as well as personnel qualifications, must be accepted by the Council to determine the organisation's continued ability to meet the provider accreditation criteria.
- (4) Organisations are accredited under the name, structure, and ownership in place at the time of the accreditation status is granted.
- (5) To maintain accredited status, accredited organisations must report changes in any of the reported data *within 30 days* for the Council's review and decision by using the form at Section 9 (*Appendix: Form for Reporting Organisational Changes for Accredited CNE Providers*).

- (6) The Council reserves the right to conduct visits to the applicant organisations to verify, amplify, clarify and audit the current abilities of the applicant organisations to meet the Council's accreditation requirements.
- (7) The Council also reserves the right to withdraw approval any time and shall not be liable for any claim for damages or loss suffered by the provider or any other parties arising therefrom.

5. **PROGRAMME/ACTIVITY DESIGN CRITERIA**

5.1 In planning CNE programmes/activities, the organisers should adhere to the following design criteria to ensure an optimal standard of CNE provision:

- (1) Nurse Planner -
There should be a Nurse Planner who is responsible for the planning process of the CNE programmes/activities. CNE programmes/activities designated for registered nurses should be overseen by a Nurse Planner who is a registered nurse. All Nurse Planners must be nursing-related degree holders and they must be currently registered/enrolled with the Council and have five years' post-registration/post-enrolment experience. They should also fulfil the CNE requirement as stipulated in the Council's "Manual for Continuing Nursing Education System" and preferably have experience in educational programme planning.
- (2) Educational/Learning Needs Assessment and Target Participants -
The educational programme/activity should be developed in response to the learning needs of the target participants.
- (3) Aims and Objectives -
Aims and objectives for the educational programme/activity should be clearly stated and well defined with expected learning outcomes that fulfil participants' level of professional attainment.
- (4) Content -
It should be relevant and consistent with the aims and objectives of the programmes/activities.
- (5) Time Allocation -
Time allocation should be adjusted to prepare the participants to achieve the expected learning outcomes.
- (6) Presenters/Speakers/Facilitators/Programme Designers -
Presenters/Speakers/Facilitators/Programme Designers must have knowledge and expertise in the content area and take an active role in planning, teaching and/or conducting the programme.
- (7) Teaching-learning Method -

Teaching-learning Method should be congruent with the programme/activity objectives and content, and facilitate the participants to achieve their expected learning outcomes.

(8) Verifying Participation and Successful Completion -

Means for verifying participation and successful completion of the learning programme/activity should be specified (please also refer to paragraph 4.5).

(9) Programme Evaluation -

There should be clearly defined methods for evaluation to cover the followings:

- relationship between content and learning – teaching programmes/activities and the overall objectives of the educational programme/activity;
- learners' achievement in each objective;
- expertise of presenters/speakers/facilitators/programme designers in teaching and conducting the programme/activity; and
- appropriateness of the teaching method.

6. PROVIDER ACCREDITATION CRITERIA

6.1 Any local organisation responsible for the overall development, implementation, evaluation, and quality assurance of CNE programmes/activities and with experience in organising nursing educational programmes/activities immediately before application is eligible to apply for accreditation as a provider of CNE. Meanwhile, the organisation is encouraged to organise CNE programmes/activities every year.

6.2 The applicant organisation may identify, within itself, a separate, *defined provider unit*, administratively and operationally responsible for coordinating all aspects of CNE programmes/activities.

6.3 The applicant organisation has to submit, in a written statement, its *beliefs* and *goals* about the promotion and improvement of health care through the provision of CNE. The statement, if revised, should be reported to the Council.

6.4 The applicant organisation must establish and affirm its *eligibility* as an independent provider of educational programmes/activities, and provide supporting *documents* upon request.

6.5 The applicant organisation must have an unequivocal line of *authority* and *communication* among the person-in-charge of the organisation and provider unit, the Nurse Planner and other concerned persons.

- 6.6 CNE programmes/activities designated for registered nurses should be overseen by a Nurse Planner who is a registered nurse. All Nurse Planners must be nursing-related degree holders or above, currently registered/enrolled with the Council and have five years' post-registration/post-enrolment experience. They should also fulfil the CNE requirement as stipulated in the Council's "Manual for Continuing Nursing Education System" and preferably have experience in educational programme planning.
- 6.7 The applicant organisation must submit its policies and procedures as required in section 4 above for the Council's examination.
- 6.8 The process of planning, developing, implementing and evaluating the CNE programmes/activities must adhere to the "PROGRAMME/ACTIVITY DESIGN CRITERIA" as specified in section 5 above.
- 6.9 *Records* of all CNE programmes/activities should be kept for *six years and easily accessible for the Council's or programme participants' reference*. The following essential information should be included: -
- Title of the educational programme/activity
 - Programme/Activity design:
 - ✧ Aims and objectives of the educational programme/activity
 - ✧ Content
 - ✧ Time frames
 - ✧ Name(s) and documentation of expertise of presenter(s)/speaker(s)/ facilitator(s)/ programme designer(s)
 - ✧ Teaching-Learning strategies
 - Number of contact hours/Council-CNE Points awarded
 - Nurse Planner:
 - e.g. Names and titles of persons responsible for planning the educational programme/activity
 - Documentation of the Nurse Planner's qualification
 - Target audience:
 - ✧ Characteristics of the target participants
 - Attendance record
 - ✧ Total number of participants
 - ✧ Number of nurse participants
 - ✧ Participants' profile: Name/Working Area
 - ✧ Summary of participants' evaluations
 - ✧ Verification of participation and successful completion

- ✧ Sample of certificate or written verification issued to participants, if any, upon his/her successful completion of the required educational programme/activity
- ✧ Copies of marketing materials e.g. brochures, programme/activity announcements, flyers

7. THE APPLICATION PROCESS

- 7.1 The applicant organisation should review section 4 “POLICIES GOVERNING OPERATION AS AN ACCREDITED PROVIDER” for information on the policies it must comply with as an accredited provider.
- 7.2 The applicant organisation should review section 6 “PROVIDER ACCREDITATION CRITERIA” to determine if it is eligible for accreditation. It is also required to provide documentation or evidence so as to prove its compliance to the criteria.
- 7.3 The applicant organisation should conduct an internal evaluation of its current CNE provision to determine to what extent the organisation meets all the requirements.
- 7.4 The data collected from the internal evaluation of CNE provision serves as the documentary evidence of the compliance with the accreditation policies and criteria.
- 7.5 The application form for accreditation/re-accreditation as a provider of CNE includes the following five parts:
- (1) **Part I - Fact Sheet**
 - (2) **Part II - Documentation Report of Internal Evaluation of CNE Provision**
 - (3) **Part III - Report Summary Sheet on CNE Programmes/Activities**
 - (4) **Part IV - Checklist**
 - (5) **Appendix of the Application Form - Curriculum Vitae (CV) of Nurse Planner**
- 7.6 The applicant organisation can copy the *APPLICATION FORM* in section 8 of this Manual when applying for accreditation/re-accreditation. The applicant organisation may use supplementary sheets, if required.
- 7.7 When completing Part III of the application form - “Report Summary Sheet on CNE Programmes/Activities”, the period to cover for the first application is the last 12 months, while the period to cover for renewal of accreditation status is the past three years.
- 7.8 Under normal circumstances, it takes six months to process the application for

accreditation/re-accreditation as a provider of CNE only when all the required documents are received and in-order. Accredited providers applying for renewal of accreditation status must submit their application at least six months before the end of each accreditation period. Otherwise, the accreditation period may lapse and no Council-CNE points should be awarded for the programmes/activities organised by the organisation beyond the accreditation period. The re-accreditation period may take effect from a new approval date by the Council instead of being backdated to the date immediately following previous accreditation period.

- 7.9 The Council may request applicant organisations to provide additional information/documents. If an applicant organisation fails to provide the information requested by the Council six months from the date of the Council's first written request, the application will be terminated. The applicant organisation should apply afresh if it still wishes to seek accreditation from the Council.
- 7.10 If an accredited provider fails to comply with the requirements stipulated in this manual, the Council may withdraw the accreditation/re-accreditation status granted to the organisation any time and shall not be liable for any claim for damages or loss suffered by the provider or any other party arising therefrom. The Council may also require the applicant organisation to rectify any non-compliance of the requirements set out in this manual before re-accreditation is granted.

8. **APPLICATION FORM**

NURSING COUNCIL OF HONG KONG
Application Form for Accreditation/Re-accreditation as a
Provider of Continuing Nursing Education

(Please submit three identical sets of the application forms and supporting documents, if any.)

Part I: Fact Sheet

1. Name of the Organisation (Eng) _____
(Chi) _____

2. Correspondence Address

3. Name of Person-in-charge of the Organisation _____

4. Title or Position _____

5. Telephone Number _____ 6. Fax. Number _____

7. E-mail Address _____

8. This is your organisation's first application for accreditation
 Yes
 No, previous application for accreditation/re-accreditation had been granted for the period from _____(DD/MM/YY) to _____(DD/MM/YY).
 No, previous application for accreditation/re-accreditation had been rejected on _____(DD/MM/YY).

9. There is a separate provider unit (i.e. department/division/unit/committee within the organisation) administratively and operationally responsible for co-coordinating all aspects of the continuing nursing education (CNE) programmes/activities offered by the organisation
 Yes (please specify the name of the provider unit: _____)
 No, the provider unit is the same as the organisation

10. Delegation of officer(s) to sign the certificates/written statements/records of CNE programmes/activities (**please provide a full list of delegated officer(s)**):

[Remarks: The delegation must be **personally endorsed** by the person-in-charge of the organisation in writing. The written records of all the delegation should be properly kept for at least six years and made available for the Council's inspection when necessary.]

Name of the delegated officer	Title/Position
1.	
2.	
3.	
4.	
5.	

Justifications of the delegation: _____

Part II: Documentation Report for Internal Evaluation of CNE Provision

Data in response to Provider Accreditation Criteria

1. ~ Beliefs & goals of the organisation ~

2. ~ Educational goals of the CNE provider unit (if different from the above) ~

3. ~ Administrative & organisational structure ~

(Organisational chart(s) or other schematic(s) that depict the provider unit's line of authority and organisational communication within the organisation as a whole as well as within the provider unit.)

The person-in-charge of the overall day-to-day management and operation of the provider unit is:

_____ *(Name)* _____ *(Qualifications)* _____ *(Position/Title)*

List of Nurse Planner(s) responsible for the provider unit’s CNE programmes/activities who must be nursing-related degree holders or above, have at least 5 years of post-registration/post-enrolment clinical experience and should fulfill the CNE requirement as stipulated in the Council’s “Manual for Continuing Nursing Education System” (please fill in the CV at **Appendix of the Application Form** for the Nurse Planner(s) listed below):

<i>Name(s)</i>	<i>Professional Qualifications</i>	<i>Position/Title</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. ~ Evaluation ~

(Describe all methods used to evaluate the effectiveness of the provider unit and provide evidence of the implementation of each method. Examples include course planning committee, course handbook, information sheets, guide for designing programs, course evaluation reports, assessment of learners’ performance, types of assessment, arrangement of clinical practicum, feedback from teachers & learners etc.)

Part III: Report Summary Sheet on CNE Programmes/Activities
 (for the period from _____ to _____)
Month / Year *Month / Year*

- Note:** i) For first application, the period to cover is the last 12 months
 ii) For re-accréditation, the period to cover is the past three years

Name of the Applicant Organisation _____ Previous Accreditation Period* _____

Please fill in the table below and specify the name(s) of the co-organiser(s) if it is a co-provided programme/activity.

Period and Title of the Programme/Activity	Name of Nurse Planner	Objectives	Total CNE Points*	Time Frame		Speaker(s) (Name(s) & Professional Qualifications)	No. of Participants	No. of nurse participants	Remarks
				Theory (Hrs)	Clinical (Hrs / Days)				

* For organisations applying for re-accréditation only.

Part IV: Checklist

To facilitate the processing of your application, please ensure that your application includes the following documents before submission. In addition, the Nursing Council of Hong Kong may request your organisation to provide further information for consideration of the application.

Please put a tick in the boxes provided as appropriate:

<input type="checkbox"/>	1. Completed Part I: Fact Sheet
<input type="checkbox"/>	2. Completed Part II: Documentation Report for Internal Evaluation of CNE Provision
<input type="checkbox"/>	3. Completed Part III: Report Summary Sheet on CNE Programmes/Activities
<input type="checkbox"/>	4. Completed and Signed Part IV: Checklist
<input type="checkbox"/>	5. A full set documentary proofs of one of the programmes/activities organised as listed in Part III, which should normally include, but not limited to the following: <ul style="list-style-type: none"> - Marketing materials (e.g. leaflets, brochures) - Rundown of the programme/activity - Relevant meeting notes - Attendance record - Certificates/written statements/any record verifying the participant's successful completion of the CNE programme/activity - Sample evaluation form - Evaluation report
<input type="checkbox"/>	6. Policies and procedures used by the provider unit to guide the operation of the unit e.g. system for awarding credit, performance assessment policies
<input type="checkbox"/>	7. Appendix of the Application Form: Curriculum Vitae (CV) of Nurse Planner

Submitted and signed by the person-in-charge of the applicant organisation:

Name: _____ Signature: _____
Position/Title: _____ Date: _____
Contact No.: _____ Email: _____
Submitted for: _____
(Organisation Name)

Appendix of the Application Form

**Application for Accreditation/Re-accreditation as a Provider of
Continuing Nursing Education
Curriculum Vitae (CV) of Nurse Planner
*(Each Nurse Planner is required to fill in one CV)***

1. Full Name: _____
2. Currently Registered/Enrolled with the Council: Yes / No (please delete as appropriate)
3. Year of Registration/ Enrolment (RN/EN): _____
4. Registration/Enrolment Number: _____
5. Name of Present Employment Institution: _____
6. Present Rank/Post: _____
7. Please list hereunder, in chronological order, your nursing-related degree:

Year of Attainment	Qualifications	Institution

8. Please list hereunder, in chronological order, your experiences in nursing:

Period	Rank/Post	Institution

9. Please list hereunder, in chronological order, a record of your CNE programmes/ activities in the past three years:

Nature of CNE Activities (e.g. course, workshop, conference, etc.)	Programme Title	Programme Organiser(s) (Accredited CNE Providers in HK)	Date of Attendance		CNE Points	Remarks
			From (DD/MM/YY)	To (DD/MM/YY)		
			/ /	/ /		
			/ /	/ /		
			/ /	/ /		
			/ /	/ /		
			/ /	/ /		
			/ /	/ /		
			/ /	/ /		
			/ /	/ /		
			/ /	/ /		

Personal Data Collection Statement

I have read the Personal Data Collection Statement and give my consent for the Nursing Council of Hong Kong to use my personal data as provided in this CV for processing the application for accreditation/re-accreditation as a provider of continuing nursing education submitted by the applicant organisation.

Signature of the Nurse Planner: _____

Date: _____

PERSONAL DATA COLLECTION STATEMENT

Purpose of Collection

The personal data you provided to the Nursing Council of Hong Kong are for the purpose of the application you are currently making only. The provision of personal data is obligatory. If you do not provide the requested information, the Nursing Council of Hong Kong may turn down your application.

Classes of Transferees

2. The personal data you provided are mainly for use within the Nursing Council of Hong Kong but they may also be disclosed to other Government bureaux, departments, agencies or authorities for the purpose mentioned above, if necessary. Moreover, according to the Nurses Registration Ordinance (Cap. 164, Laws of Hong Kong), your name, address, date of registration/enrolment, registered/enrolled number and particulars of training and qualifications will be entered into the Register/Roll of Nurses for public inspection. Some or all of these data may also be published in the Gazette. Other than that, such data will only be disclosed to other parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance (Cap 486, Laws of Hong Kong). Please notify the Nursing Council of Hong Kong whenever there is any change of your personal data.

Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasion as mentioned in paragraph 1 above. A fee may be imposed for obtaining a copy of the data.

Enquiries

4. Enquiries concerning the personal data provided, including access and the making of corrections, should be addressed to:-

The Secretary, Nursing Council of Hong Kong
1/F, Shun Feng International Centre
182 Queen's Road East
Wan Chai, Hong Kong
Tel. : 2527 8351
Fax : 2527 2277

**NURSING COUNCIL OF HONG KONG
Form for Reporting Organisational Changes for
Accredited Continuing Nursing Education Providers**

(According to Clause 4.8 of the "Manual for Accreditation as A Provider of Continuing Nursing Education", to maintain accredited status, accredited organisations must report changes in any of the reported data using this form within 30 days for Council's review and decision.)

Please fill in the relevant session(s):

A. Changes to the Organisation Name (Effective Date: _____)

Original Name (Eng): _____

(Chi): _____

New Name (Eng): _____

(Chi): _____

B. Changes to the Correspondence Address (Effective Date : _____)

New
Correspondence
Address:

C. Changes to the Person-in-charge of the Organisation (Effective Date : _____)

Name: _____

Title or Position: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

D. Delegation and/or Changes of delegated officer(s) to sign the certificates/written statements/records of CNE programmes/activities (Effective Date : _____)

Addition to the list of delegated officers:

Name of the delegated officer	Title/Position
1.	
2.	
3.	
4.	
5.	

Justifications of the delegation: _____

Removal to the list of delegated officers:

Name of the delegated officer	Title/Position
1.	
2.	
3.	
4.	
5.	

E. Changes to Name of the Provider Unit (Effective Date : _____)

Name of the Original Provider Unit: _____

Name of the New Provider Unit: _____

F. Changes to the Beliefs and Goals of the Organisation (Effective Date :_____)

New Beliefs and Goals of the Organisation:

G. Changes to the Educational Goals of the CNE Provider Unit (Effective Date :_____)

New Educational Goals of the CNE Provider Unit:

H. Changes to the Administrative and Organisational Structure (Effective Date:_____)

New Administrative and Organisational Structure (please provide the organisational chart(s) or other schematic(s) that depict the provider unit's line of authority and organisational communication within the organisation as a whole as well as within the provider unit):

I. Changes to the Person-in-charge of the Overall Day-to-day Management and Operation of the Provider Unit (Effective Date :_____)

_____ (Name) _____ (Qualifications) _____ (Position/Title)

J. Changes to the List of Nurse Planners (Effective Date : _____)

Addition of Nurse Planner(s) to the list (*please provide the CV(s) of the Nurse Planner(s) by using Appendix of the Application Form at the “Manual for Accreditation as a Provider of Continuing Nursing Education”*):

<i>Name(s)</i>	<i>Professional Qualifications</i>	<i>Position/Title</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Removal of Nurse Planners from the list:

<i>Name(s)</i>	<i>Professional Qualifications</i>	<i>Position/Title</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

K. Others

Please specify and provide supporting documents as appropriate:

Submitted by the person-in-charge of the accredited provider:

Name: _____ Signature: _____

Position/Title: _____ Date: _____

Contact No.: _____ Email: _____

Submitted for: _____
(Organisation Name)