

Title: FOR043 Renewal Application Form Licenced CPG Service Provider – V1		Page: 1 of 3
Owner: BP	Approved by: Brian Power	Approval Date: 29 th July 2015

Application format:

- This application form can be used to assist you to organise and submit the correct information. Alternatively the application may be typed but the checklist numbering must be used to present clear and sequential information.
- A hardcopy application must be submitted in an appropriate sized A4 2 Ring Binder. Please ensure the application is completed in full. Incomplete applications will be returned and cause unnecessary delays.
- Every application for recognition must include: a signed complete application form, including appendices, statutory declaration, remittance notice/payment and a cover letter (if relevant).

Application process:

1. The Applicant must complete the Statutory Declaration which is appended.
2. The Applicant must complete the Application Form and enclose all relevant supporting documentation. The Application Form should be accompanied by the appropriate fee as per the current Schedule of Fees.
3. A completed Statutory Declaration (stamped by a solicitor) and Application Form, together with supporting documentation and fees must be sent to the Council.
4. The Council reserves the right to request the Applicant to produce such further information and supporting documentation as it deems necessary in order to consider the application.
5. On receipt of the completed Statutory Declaration and Application Form, the Council will consider the application for approval to implement CPGs.

The outcome of the application process will be one of the following:

6. **Full recognition to implement CPGs** for a one year period. A renewal application is required on an annual basis.
7. **Conditional recognition to implement CPGs.** The pre-hospital emergency care service provider will be required to show evidence of compliance with the specified conditions within a specified time period. Failure to satisfactorily comply with these conditions will result in withdrawal of approval.
8. **Refusal**
The applicant fails to meet the criteria or provide sufficient evidence for the Council to have confidence in the applicant's ability to meet the criteria.

Appeals

An applicant has the right to appeal a decision to grant conditional recognition or to refuse to grant recognition to the PHECC Appeal Panel. The procedures of the Appeal Panel set out the manner in which such appeals are conducted. A copy of the procedures is available from the Council. **Note:** On receiving PHECC approval, details marked with an asterisk (*) will be shown on the PHECC website

Renewal Application Form

Licensed Clinical Practice Guidelines (CPGs) Provider

General Information

1. Name: *Full name/title of the Applicant pre-hospital emergency care service provider. The Applicant must state if it is trading under a different name.	
2. Address: The full postal address of the Applicant including Eircode.	
3. Main Contact Details: The name, job title and contact details, including direct telephone number and email address for the person with whom PHECC will communicate regarding this application.	
Main Contact Name: *	
Main Contact Phone:	
E-mail:	
4. Medical Director Details: Name of the Applicant's Medical Advisor/Director and their Medical Council Registration Number. The Applicant must also provide a description of the role and responsibilities of the Medical Advisor/Director in addition to contact details for the Advisor/Director	
Name of Medical Director: *	Medical Council Registration No:
Medical Director Phone:	Medical Director contact E-mail:
Description of roles and responsibilities	Supporting documentation included <input type="checkbox"/>

Governance Information

5. Report: Annual Medical Advisor/Director <i>An Annual Medical Advisor/ Director's report from the previous calendar year signed by the Medical Director/Advisor. The report must contain at minimum the details outlined by PHECC in the Medical Director's Report requirements.</i>	Supporting documentation included <input type="checkbox"/>
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Clinical and Training Information

6. Report: CPG Upskilling (current edition) <i>A report of the proportionate list of employees and volunteers upskilled to the current edition of CPGs.</i>	Supporting documentation included <input type="checkbox"/>
7. CPG Usage <i>Details on the circumstances and or situations your organisation will use CPGs.</i>	Supporting documentation included <input type="checkbox"/>
8. List of Clinical Levels for approval: * <i>Clearly state the clinical level for which the Applicant is seeking approval.</i>	
9. Exemptions Sought <i>Outline exemptions sought (if any) and the rationale for each exemption. Council reserves the right to reject exemption requests.</i>	Supporting documentation included <input type="checkbox"/>

Payment

10. Fee <i>(paid/enclosed as per current Schedule of Fees)</i>	See Remittance Notice completed <input type="checkbox"/>
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Also include documentation on any significant changes or policy changes from previous application that are relevant to your approval status (see + on Council Rules POI003). All information submitted will be considered and Council reserves the right to make enquiries (with the applicant organisation or specific individuals) in relation to the application.

Following approval, details marked with an asterisk (*) will be shown on the PHECC website

Signed:	Organisation Title:
Date:	

Remittance Notice		
PHECC Schedule of Fees (non-refundable)		
3.1	Application/Renewal Fee for Licensed CPG Provider approval. (annual renewal)	€1,000
3.2	Application/Renewal Fee for Licensed CPG Provider approval. (annual renewal) (minor voluntary service provider – turnover less than €20,000 pa)	€ 100
3.3	Site survey expenses incurred in relation to any of the above 3.1-3.2	Actual expenses
TOTAL		€
Payment Method		
By Cheque (enclosed) <input type="checkbox"/>		By PayPal (www.phecc.ie) <input type="checkbox"/>
Other:		
Full remittance <u>must</u> be paid at time of application		
Organisation Details		
Organisation:		
Address:		
Phone No:		
PHECC USE ONLY		
Received:		
Payment Method:		
Date		

In accordance with Council Schedule of Fees Policy POL006 V10

Version History

Jul 2015	New Document