

## General Requirements for Licensing of health facilities under Act 829

### Overview

#### **Section 11 (1 and 2) of Act 829 (2011) provides:**

- 1) That a person shall not operate a facility unless the facility is licensed under this Act.
- 2) That a person shall not operate equipment in a facility specified in the first schedule unless the facility in which the person operates is licensed under this Act.

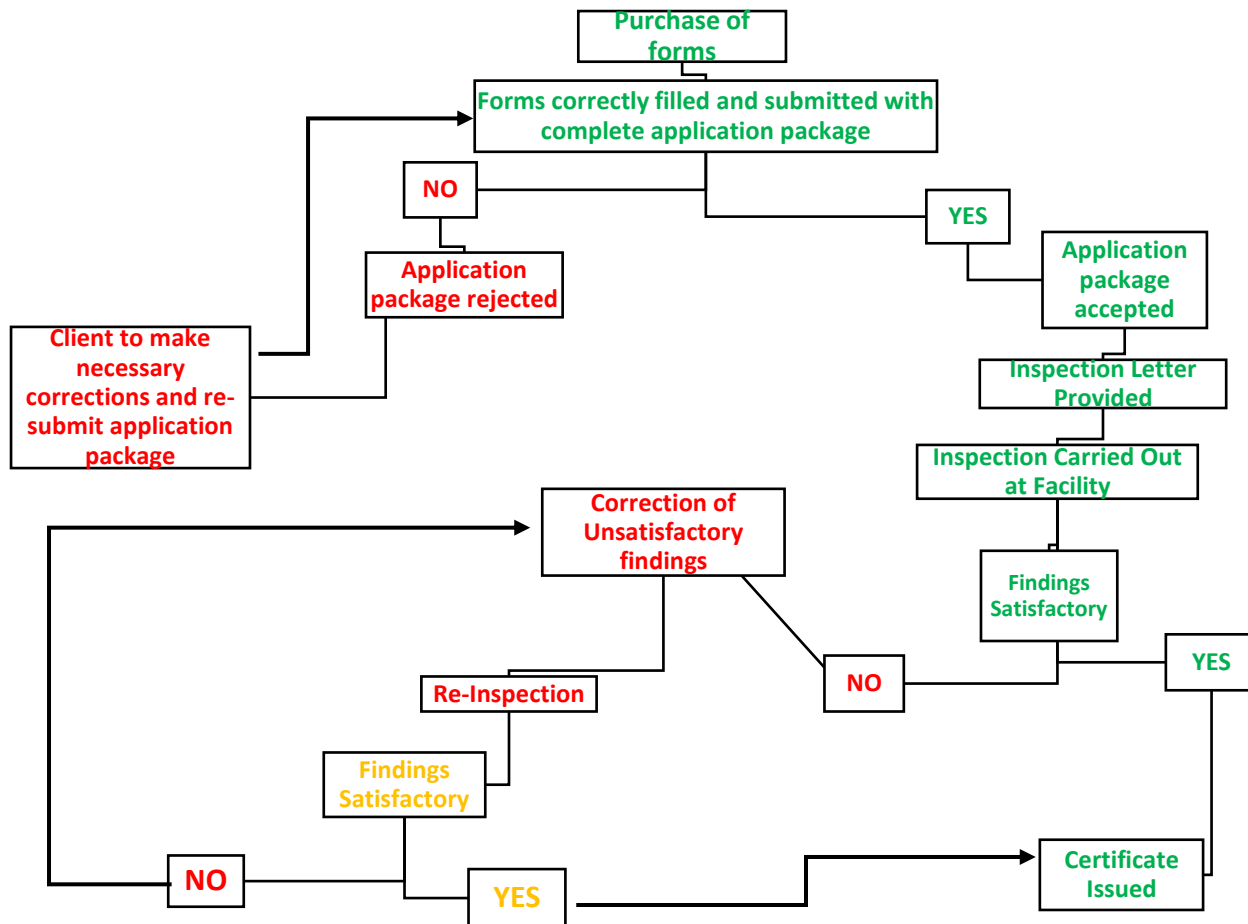
#### **FIRST SCHEDULE {SECTION 11(2)} Facilities to be licensed by HeFRA under ACT 829:**

- Medical and Dental (Health centres ,clinics and hospitals)
- Eye care clinic
- Convalescent and nursing homes
- Geriatric homes
- Maternity homes
- Occupational therapy clinic
- Physiotherapy clinics
- Dental technology laboratory
- Clinical and biomedical laboratory
- Medical assistant clinic
- Diagnostic – imaging technology clinic
- Pharmacies and chemical shops
- Osteopathy clinic
- Prosthetics and orthotics clinic;
- And any other facility that the Minister deems necessary to be licensed.

### LICENSING PROCESS

1. The process of licensing begins with the purchase of an application form from HeFRA. (The applicant has a 90 day period within which to submit the completed application form with all required documents.)
2. Following completion of the submission process, an inspection letter is issued to the facility to prepare for an inspection to be carried out.
3. New facilities are not allowed to operate until they have been accredited.

4. If HeFRA confirms a positive recommendation for the facility to operate, then a license is issued to enable the facility to operate.
5. In cases where HeFRA finds the inspection report unsatisfactory, a period of time is given to the facility to address these issues satisfactorily for re-inspection.



## **Application for a license to operate a facility (General Requirements)**

To register to operate a facility:

(1) A person needs to come to the HeFRA office address (indicated below) or if possible at an HeFRA approved office within the area in which the practice is to be operated, in order to buy an approved application form

(2) Once the application form has been completed, the person must attach to the application form:

(a) The block plan of the facility for the practice;

(b) Preliminary approval from the District/Municipal/Metropolitan planning authority of the District/Municipal/Metropolitan Assembly on the suitability of the land and/or facility to be used for the practice;

(c) Clearance from the Environmental Protection Agency.

(d) Plans for the disposal of medical waste;

(e) Copies of certificates of proposed practitioners in the practice and proof of their up-to-date registration with their professional bodies;

(f) List of the types of services to be rendered;

(g) List of equipment (as per facility)

(h) Evidence of financial capability for the ownership and operation of the practice applied for (audited accounts, statement of account)

(i) The prescribed fee (see attached).

(j) A yearly retention fee will be paid depending on the type of facility (see Price List attached)

(k) Original copies of business registration Certificates from the Registrar General's Departments

(l) Approved certification for facilities with X – Ray imaging from the Nuclear Regulatory Authority

(m) Evidence of Continuous Submission of Health Service data to Ministry of Health every 3 months. (Existing facilities only)

(n) A clearance certificate from Ghana Fire service

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o) A valid work permit issued by ministry of interior (non- Ghanaians only).

The Board may on its own or on the recommendation of zonal committee revoke or refuse to renew a license for a practice.

The state of the facility disqualifies the licensee from being granted a license or it has reasonable grounds to believe that the continuous operation of the practice by the licensee will create a risk to public health, public safety or is indecent (Act 829, 11:15a ,b)

**NOTE: a license issued shall be displayed in a prominent place which is accessible to patients and the general public in the premises of the practice.**

**Office Location:** Plots 4 & 5, 4<sup>th</sup> Circular Road, Cantonments, Accra.

**Postal address:** Ministries Post Office, Box MB 534, Accra

**Telephone:** 0302 900 995/0303971848/0303973698/0302904026/0302904027

**Email:** [HeFRAInquiries@gmail.com](mailto:HeFRAInquiries@gmail.com)