



## Programs Accreditation Standards

|                                                                                                                |                                        |                       |              |                                   |           |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------|--------------|-----------------------------------|-----------|
| Survey Visit Type:                                                                                             | Choose an Item                         |                       |              |                                   |           |
| <b>TRAINING PROGRAM DETAILS</b>                                                                                |                                        |                       |              |                                   |           |
| Training Program Name                                                                                          | Advanced Oral Health and Dental Hygien |                       | Program Type | Diploma                           |           |
| Training Program Duration                                                                                      | 2 Year(s)                              | No. of Junior Year(s) | 1 Year(s)    | No. of Senior Year(s)             | 1 Year(s) |
| Training Center Name                                                                                           |                                        |                       |              | Date                              |           |
| D. Dedicated Sessions per Full-Time Equivalent Trainer (Consultants and/or Senior Registrar/Senior Specialist) |                                        |                       |              | No. of Sessions/Cases per Trainer |           |
| <b>The One Session is defined as: 3-4 Hours Activity</b>                                                       |                                        |                       |              |                                   |           |
| OPD Clinical Teaching Session(s)                                                                               |                                        |                       |              | Minimum 4 Per Week                |           |
| Teaching Sessions (e.g., teaching sessions...etc)                                                              |                                        |                       |              | Minimum 3 Per Week                |           |
| Number of Cases per Full-Time Equivalent Trainer (Consultant/Senior Specialist)                                |                                        |                       |              | Minimum 300 Cases Per year        |           |

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| <b>P. Conditions for Consideration of Part-Time Trainers as a Full-Time Equivalent Trainer</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <ul style="list-style-type: none"> <li>- Program Director must be always on a Full-Time Contract at the Training Center.</li> <li>- One or More Part-Time Trainer(s) Should Fulfill the Workload Sessions of at Least One Full-Time Equivalent Trainer in Order to be calculated in the Training Capacity Formula.</li> <li>- Part-Time Trainer Contract should be for Minimum of One-Year to be included in the Training Capacity Calculation, in order to maintain the sustainability of Training, and the Training Center is Committed to Renew the Contract Annually or Notify the SCFHS at Least 12 Months ahead of the Admission Gate and Submit a Request to modify the Training Capacity Accordingly.</li> <li>- The Part-Time Trainer Contract and Job Description must state the commitment of Part-Time Trainer towards active engagement in Training.</li> </ul> |
| <b>B. Conditions for Consideration Senior Registrar/Senior Specialist as a Full-Time Equivalent Trainer</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <ul style="list-style-type: none"> <li>- Senior Registrar/Senior Specialist must be granted the Credentials and Privileges of Acting Consultant by the Healthcare Institution 's Credentialing and Privileging Committee for the Specialty/Sub-Specialty that they are Qualified to act as a Full-Time Equivalent Trainer.</li> <li>- Senior Registrar/Senior Specialist must have the Full Workload Sessions as defined above for the Full-Time Equivalent Trainer.</li> <li>- Senior Registrar/Senior Specialist must have a separate Patients/Cases Workload from other Full-Time Equivalent Trainers.</li> <li>- Senior Registrar/Senior Specialist on a Part-Time Contract must fulfill the above Conditions in section P and section B to be considered as a Full-Time Equivalent Trainer in the Training Capacity Calculation.</li> </ul>                             |

|                                                                                                                         |                                                                                               |                                                                                |          |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------|
| <b>Training Capacity Calculation Formula</b>                                                                            |                                                                                               |                                                                                |          |
| Annual Acceptance:                                                                                                      | Trainer to Trainee Ratio                                                                      | Number of Full-Time Equivalent Trainers X N / Number of Training Program Years |          |
|                                                                                                                         | 1:3                                                                                           | No. of Trainers x 3 / 2                                                        |          |
| Total Training Capacity                                                                                                 | Annual Acceptance x 2                                                                         |                                                                                |          |
| Trainers Included in TCF                                                                                                | SCFHS Classified Oral Health and Dental Hygiene Trainer (Consultant and/or Senior Specialist) |                                                                                |          |
| Junior Year(s)                                                                                                          |                                                                                               | Senior Year(s)                                                                 |          |
| Level 1                                                                                                                 |                                                                                               | Level 2                                                                        |          |
| 50%                                                                                                                     |                                                                                               | 50%                                                                            |          |
| Accredited Total Training Capacity (If Applicable)                                                                      | Trainees                                                                                      | Current Number of Trainees (If Applicable)                                     | Trainees |
| Accredited Training Capacity in the Program (Not Applicable if it is a Newly Applying Training Program)                 |                                                                                               |                                                                                |          |
| Level 1                                                                                                                 |                                                                                               | Level 2                                                                        |          |
| Current Number of Trainees as identified by the Survey Team (Not Applicable if it is a Newly Applying Training Program) |                                                                                               |                                                                                |          |
|                                                                                                                         |                                                                                               |                                                                                |          |





#### Accreditation Standards' Weighing Definitions:

|      |                                                                                                                   |
|------|-------------------------------------------------------------------------------------------------------------------|
| ETR0 | If Not Fully Met, the New Program Will Not Be Accredited, Accredited Program Will Be Warned, Frozen, or Withdrawn |
| ETR1 | Mandatory for Full Accreditation                                                                                  |
| ETR2 | Highly Recommended                                                                                                |

#### Accreditation Standards' Compliance Scoring Definition:

|                      |                                                                                            |
|----------------------|--------------------------------------------------------------------------------------------|
| Fully Met            | When the Compliance to the Accreditation Standard is > 90% (Comment <u>when</u> Required)  |
| Partially Met        | When the Compliance to the Accreditation Standard is > 50-90% (Comment <u>is</u> Required) |
| Not Met              | When the Compliance to the Accreditation Standard is ≤ 50% (Comment <u>is</u> Required)    |
| Not Applicable (N/A) | When the Standard does not apply to the Training Center (Comment <u>is</u> Required)       |

## I. INSTITUTION

The Institutionally-Accredited Training Center Assumes the ultimate responsibility for Supervision of the Training Program at the Affiliated Training Site(s); and Collaborates with other Training Centers (When Applicable) to share responsibility for Supervision of the Training Program at the Participating Training Site(s).

| Standard                                                                                                                                                                                                                                                                                             | Fully Met | Partially Met | Not Met | N/A | Comment |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|---------|-----|---------|
| I.1. The Training Center is Responsible for Supervision of Trainees (Sponsored and Non-Sponsored Rotating Trainees) at All <b>Affiliated Training Sites</b> (i.e. Training Sites that are linked to the Governance of the same Training Center). (ETR1)                                              |           |               |         |     |         |
| I.2. The Training Center has a Valid Inter-Institutional Collaboration Agreement with other Training Center(s), when Collaborating to execute the Training Program at <b>Participating Training Sites</b> (i.e. Training Sites that are linked to the Governance of another Training Center). (ETR1) |           |               |         |     |         |

## A. ADMINISTRATIVE STRUCTURE

There Must be an Appropriate Administrative Structure for the Training Program.

| Standard                                                                                                                                                                           | Fully Met | Partially Met | Not Met | N/A | Comment |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|---------|-----|---------|
| <b>A.1. PROGRAM DIRECTOR</b>                                                                                                                                                       |           |               |         |     |         |
| A.1.1. Classified by the SCFHS (or Equivalent if the Training Center is Outside the KSA) as a Dental Hygiene Senior Specialist with minimum 2 years experience. (ETR0)             |           |               |         |     |         |
| A.1.2. Program Director (PD) Appointment is Approved as per the SCFHS Regulations (or Meets the SCFHS PD Appointment Requirements for the newly applying Training Program). (ETR1) |           |               |         |     |         |
| A.1.3. Does not Assume any other Leadership Position (i.e. Head of Section/Department, Medical Director, CEO, or any other Clinical/Administrative Leadership Position). (ETR1)    |           |               |         |     |         |





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| A.1.4. Monitors and Ensures Adequate Supervision of Trainees at All Affiliated and/or Participating Training Sites, reports to the <b>Training Program Committee</b> (TPC: for the Full Training Program) or the <b>Shared Training Program Committee</b> (STPC: for the Shared Training Program), and Remediates through TPC Issues Related to Training. (ETR1) |  |  |  |  |  |
| A.1.5. Coordinates with Institutional Training Committee (ITC), Training Program Committee (TPC) and the Training Sector's Shared Training Programs Committee (for the Shared Training Program). (ETR1)                                                                                                                                                          |  |  |  |  |  |
| A.1.6. Communicates Effectively with the Designated Institutional Official (DIO). (ETR1)                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| A.1.7. Communicates Effectively with the Head of Section/Department, Trainers and Trainees. (ETR1)                                                                                                                                                                                                                                                               |  |  |  |  |  |
| A.1.8. The Training Center provides the Program Director with Adequate Protected Time, Administrative Secretarial Support Coordinator(s), Incentives and Access to a Private Office. (ETR1)                                                                                                                                                                      |  |  |  |  |  |
| A.1.9. Fulfills his/her Duties as defined by the SCFHS. (ETR1)                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
| A.1.10. Submits Documents required by the SCFHS. (ETR1)                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |
| A.1.11. Has an Appointed Deputy. (ETR2)                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |
| <b>A.2. Training Program Committee Structure</b><br>Must Be Formed at the Training Center's Primary Training Site, and can have Sub-TPCs at the Affiliated Training Sites.                                                                                                                                                                                       |  |  |  |  |  |
| A.2.1. Chaired by the Program Director. (ETR0)                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
| A.2.2. Membership includes Trainers' Representation from All Affiliated Training Sites. (ETR1)                                                                                                                                                                                                                                                                   |  |  |  |  |  |
| A.2.3. Membership includes at Least One Elected Trainees' Representative with Full and Equal Voting Rights. (ETR1)                                                                                                                                                                                                                                               |  |  |  |  |  |
| A.2.4. Meets at least Quarterly, Meeting Minutes are made available. (ETR1)                                                                                                                                                                                                                                                                                      |  |  |  |  |  |
| A.2.5. Communicates Effectively with the ITC, Head of Section/Department, Trainers & Trainees. (ETR1)                                                                                                                                                                                                                                                            |  |  |  |  |  |





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| <b>A.3. Responsibilities of the Program Director &amp; Training Program Committee.</b>                                                                                                                                           |  |  |  |  |  |
| A.3.1. Selection of Candidates. (ETR1)                                                                                                                                                                                           |  |  |  |  |  |
| A.3.2. Ensure the Trainees Receive Adequate General, Program-Specific and Rotation-Specific Orientation Prior to the Start of the Training Activities. (ETR1)                                                                    |  |  |  |  |  |
| A.3.3. Ensure and Monitor the Implementation of the Training Program as Stated at the SCFHS Curriculum. (ETR1)                                                                                                                   |  |  |  |  |  |
| A.3.4. Discuss, Document Any Major Deviation off the Training Program Curriculum, present it to the ITC, communicate it to the SCFHS through the DIO, and Seek the Necessary Formal Approval Prior to the Implementation. (ETR1) |  |  |  |  |  |
| A.3.5. Review Trainees' Evaluations, Develop Remediation Plans for Trainees Not Meeting the Required Level of Competence, Follow-up Remediation Plans Implementation, Results and Act accordingly. (ETR1)                        |  |  |  |  |  |
| A.3.6. Monitor Progress of Training and Promotion of Trainees. (ETR1)                                                                                                                                                            |  |  |  |  |  |
| A.3.7. Activate Appeal Mechanism When Appeals Are Received. (ETR1)                                                                                                                                                               |  |  |  |  |  |
| A.3.8. Promotes Access of Trainees to Well-Being Program and Stress Counselling. (ETR1)                                                                                                                                          |  |  |  |  |  |
| A.3.9. Support Trainees through Career Planning & Counselling. (ETR2)                                                                                                                                                            |  |  |  |  |  |
| A.3.10. Ensure Adequate and Regular Review of the Training Program Learning Environment and Educational Resources.                                                                                                               |  |  |  |  |  |
| A.3.10.1. Feedback of Trainees is Obtained and Utilized for Continuous Improvement of the Learning Environment. (ETR1)                                                                                                           |  |  |  |  |  |
| A.3.10.2. Training Program Learning Environment is Evaluated by the Trainees. (ETR1)                                                                                                                                             |  |  |  |  |  |
| A.3.10.3. Trainees are Evaluated by the Trainers and TPC. (ETR1)                                                                                                                                                                 |  |  |  |  |  |





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| A.3.10.4. Trainers Provide Trainees with Timely Feedback During and Prior to the End of each Training Rotation. (ETR1)                                                                                                                                                                                                    |  |  |  |  |  |
| A.3.10.5. Appropriate Trainers-to-Trainees Interaction that is Open, Collegial and Respectful of Trainees' Confidentiality. (ETR1)                                                                                                                                                                                        |  |  |  |  |  |
| A.3.10.6. Trainers are Evaluated by the Trainees and TPC. (ETR1)                                                                                                                                                                                                                                                          |  |  |  |  |  |
| A.3.10.7. Conduct Clinical Learning Environment Review of Each Major Component of the Training Program. (ETR1)                                                                                                                                                                                                            |  |  |  |  |  |
| A.3.10.8. Conduct Internal Review of the Training Program at least Once during the Program Accreditation Cycle, Determine/Execute Corrective Action Plan Accordingly, address it at the TPC and Present it to the ITC, Follow-up and Document the Progress of Corrective Action Plan until All Issues are Resolved (ETR1) |  |  |  |  |  |
| A.3.10.9. Form the Internal Review Team to include One Trainer, One Trainee (Both from the same Training Program) and an External Reviewer (Trainer from a Different Specialty inside the Training Center or from the same Specialty of another Training Center). (ETR1)                                                  |  |  |  |  |  |
| A.3.10.10. The Internal Review Team Utilizes the Latest SCFHS Training Program Accreditation Standards, as made Available at the SCFHS Website. (ETR1)                                                                                                                                                                    |  |  |  |  |  |
| A.3.10.11. Ensure Coherence and Monitor Compliance of Trainers and Trainees into the SCFHS Institutional Accreditation Standards, Training Program Accreditation Standards. (ETR1)                                                                                                                                        |  |  |  |  |  |
| A.3.10.12. Ensure Coherence and Monitor Compliance of Trainers and Trainees into the SCFHS Accreditation, Training and Assessment Bylaws, Policies and Procedures. (ETR1)                                                                                                                                                 |  |  |  |  |  |
| A.3.10.13. Monitor the Trainees Participation in Clinical/ Translational/ Basic Sciences Research Activities, Patient Safety and Healthcare Quality Improvement Projects. (ETR2)                                                                                                                                          |  |  |  |  |  |





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| A.3.11. There is a Process that Ensures Safety of Trainees and Patients. (ETR1)                                                                 |  |  |  |  |  |
| A.3.11.1. Includes Educational Activities and Mentorship related to Patient Safety. (ETR1)                                                      |  |  |  |  |  |
| A.3.11.2. Includes Trainees' Safety Measures (ETR1)                                                                                             |  |  |  |  |  |
| A.3.11.3. Trainees and Trainers Are Aware of the Process. (ETR1)                                                                                |  |  |  |  |  |
| <b>A.4. Administrative Secretarial Support Coordinator(s).</b>                                                                                  |  |  |  |  |  |
| A.4.1. Adequately Assigned to the Training Program. (ETR1)                                                                                      |  |  |  |  |  |
| A.4.2. Provided with Adequate Access to Office Space, Computer and Phone. (ETR1)                                                                |  |  |  |  |  |
| A.4.3. Provide Adequate Support to the Program Director and Trainees. (ETR1)                                                                    |  |  |  |  |  |
| A.4.4. Adequately Coherent with the Training Program and SCFHS Regulations. (ETR1)                                                              |  |  |  |  |  |
| <b>A.5. Trainers (Training Faculty)</b>                                                                                                         |  |  |  |  |  |
| A.5.1. Adequately Supported, Recognized and Valued. (ETR1)                                                                                      |  |  |  |  |  |
| A.5.2. Certified as Trainers at areas of Clinical Teaching, Formative Assessment and Mentorship (SCFHS-TOT or Equivalent). (ETR2)               |  |  |  |  |  |
| A.5.3. Committed to Perform their Training, Education, Mentorship and Supervisory Responsibilities. (ETR1)                                      |  |  |  |  |  |
| A.5.4. Facilitate and Supervise Trainees, Research and Scholarly Work. (ETR1)                                                                   |  |  |  |  |  |
| A.5.5. Adequately Provided Opportunities for Faculty Development in Postgraduate Clinical Teaching, Formative Assessment and Mentorship. (ETR1) |  |  |  |  |  |





## T. TRAINING CAPACITY

The Training Program Maintains a Balanced Distribution of Trainees Throughout the Training Years, Does Not Exceed the Allocated Training Capacity As per the SCFHS Training Program Latest Accreditation Decision; Immediately Notifies the SCFHS of Negative Changes at the Educational Resources or Launch of Parallel Non-SCFHS Accredited Training Program that shares the same Educational Resources, and Proactively Submits a Request to Reduce the Training Capacity in order to match the Training Program's Educational Resources with the Training Program's Accreditation Standards and Training Capacity Calculation Formula.

| Standard                                                                                                                                                                                                                                                                                          | Fully Met | Partially Met | Not Met | N/A | Comment |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|---------|-----|---------|
| T.1. The Training Program Does Not Exceed the Training Capacity as Accredited by the SCFHS. (ETRO)                                                                                                                                                                                                |           |               |         |     |         |
| T.2. The Training Program's Educational Resources Are Adequate to Support the Number of Trainees Appointed to the Training Program at All Times (Sponsored by the Training Center, Rotating from other Training Centers or Off-Service Trainees from other Training Programs Specialties). (ETRO) |           |               |         |     |         |
| T.3. The TPC Ensure that Trainees of various Training Levels Are Not Sequestered at a certain Training Level or Training Rotation which may Negatively Affect the Training Exposure and Competencies Attainment. (ETRO)                                                                           |           |               |         |     |         |

## G. GOALS AND OBJECTIVES

The Training Center is Committed to Achieve the Goals and Objectives as defined by the SCFHS Training Program latest Curriculum and Accreditation Standards

| Standard                                                                                                                                                                                                         | Fully Met | Partially Met | Not Met | N/A | Comment |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|---------|-----|---------|
| G.1. The Training Program Implements the Rotation-Specific Goals and Objectives (Knowledge, Skills and Attitudes) Utilizing the Competency Framework Defined the SCFHS Curriculum (CanMEDS or Others). (ETRO)    |           |               |         |     |         |
| G.2. Trainers and Trainees Are Fully Coherent about the SCFHS Training Program Curriculum including the Training Rotations' Goals & Objectives. (ETRO)                                                           |           |               |         |     |         |
| G.3. Trainers and Trainees Review the Training Rotations' Goals & Objectives Prior to the Start of each Training Rotation, and Aim to Achieve Them During and Prior to the end of each Training Rotation. (ETRO) |           |               |         |     |         |
| G.4. Goals and Objectives of each Training Rotation Are Utilized in Clinical Teaching, Learning, Formative Assessment and End-of-Rotation Evaluation Feedback. (ETRO)                                            |           |               |         |     |         |





## S. STRUCTURE AND ORGANIZATION OF THE TRAINING PROGRAM DELIVERY

The Training Program's Rotations Structure and Organization, Both Mandatory and Electives, are Designed to Provide the Trainee with the Opportunity to Fulfil the Educational Goals and Objectives in order to Attain the Required Competencies for Professional Practice at the Training Program Specialty/Sub-Specialty Field.

| Standard                                                                                                                                                                                                                                                             | Fully Met | Partially Met | Not Met | N/A | Comment |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|---------|-----|---------|
| S.1. Delivers All Components of the SCFHS Training Program Curriculum. (ETR1)                                                                                                                                                                                        |           |               |         |     |         |
| S.2. Trainees are Adequately Supervised. (ETR1)                                                                                                                                                                                                                      |           |               |         |     |         |
| S.3. Each Trainee is Provided the Opportunity to Assume Senior Role During his/her Training Program Duration. (ETR1)                                                                                                                                                 |           |               |         |     |         |
| S.4. Service Demands Do Not Interfere with Academic Training Program Delivery. (ETR1)                                                                                                                                                                                |           |               |         |     |         |
| S.5. Trainees have Equal Opportunity to Meet the Educational Goals and Objectives. (ETR1)                                                                                                                                                                            |           |               |         |     |         |
| S.6. Trainees have Opportunity for Elective Rotations Inside and/or Outside the Training Center as approved by the TPC/STPC. (ETR1)                                                                                                                                  |           |               |         |     |         |
| S.7. Training Learning Environment is Free of Intimidation, Harassment, Abuse and Promotes Trainees' Safety. (ETR1)                                                                                                                                                  |           |               |         |     |         |
| S.8. The Center Should Be Committed to What is Stated in the Duties and Rights of the Trainee's Documents That is Issued by SCFHS. (ETR1)                                                                                                                            |           |               |         |     |         |
| S.9. Collaboration with Other Training Centers for Trainees of a Similar Training Program Specialty Who Need to Rotate in the Specialty of the Training Program at the Training Center to Bridge a Certain Gap or to Expand their Clinical Training Exposure. (ETR2) |           |               |         |     |         |
| S.10. Collaboration with Other Training Programs' Specialties (Inside or Outside the Training Center) for Trainees Who Need to Rotate in the Specialty of the Training Program to Bridge a Certain Gap or Expand their Clinical Training Exposure. (ETR2)            |           |               |         |     |         |





## C. CLINICAL, ACADEMIC AND SCHOLARLY CONTENT OF THE TRAINING PROGRAM

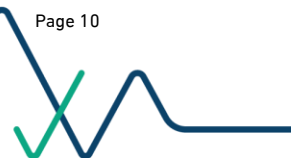
The Clinical, Academic and Scholarly Content for Postgraduate Health Professions Education are Designed to Adequately Attain the Required Competencies for Professional Practice at the Training Program Specialty/Sub-Specialty Field. The Quality of Scholarly Content of the Training Program Will, in Part, be Demonstrated by the Spirit of Enquiry During Clinical Discussions, at the Procedure Room, Clinical Rounds, Bedside, Ambulatory Care, Clinics or Community, Journal Clubs, Seminars, and Conferences. Scholarly Content Implies an in-Depth Understanding of Basic Mechanisms of Normal and Abnormal States of Health and the Application of Up-to-Date Knowledge to Practice. The SCFHS Utilizes CanMEDS Competency Framework for the Most of its Training Programs.

| Standard                                                                                                                                                      | Fully Met | Partially Met | Not Met | N/A | Comment |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|---------|-----|---------|
| <b>C.1. Medical/Health Expert</b> Trainees are exposed to an Effective Teaching and Supervised Practice Pertaining to:                                        |           |               |         |     |         |
| C.1.1. Expertise in Decision-Making Skills. (ETR1)                                                                                                            |           |               |         |     |         |
| C.1.2. Expertise for Assessing the Need of Consultation to Other Health Professionals. (ETR1)                                                                 |           |               |         |     |         |
| C.1.3. Building Knowledge, Practice and Expertise through Supervised Clinical Exposure. (ETR1)                                                                |           |               |         |     |         |
| C.1.4. Structured Teaching of Basic and Clinical Sciences Learning through Weekly Academic Half-Days. (ETR1)                                                  |           |               |         |     |         |
| C1.5. Addressing Issues related to Age, Gender, Culture and Ethnicity. (ETR1)                                                                                 |           |               |         |     |         |
| C.1.6. Active Engagement in Relevant Committees (Morbidity/Mortality, Patient Safety, Quality, Infection Control, Medications Safety, Research, etc.). (ETR2) |           |               |         |     |         |
| <b>C.2. Communicator</b> Trainees are exposed to an Effective Teaching and Supervised Practice Pertaining to:                                                 |           |               |         |     |         |
| C.2.1. Communication Skills. (ETR1)                                                                                                                           |           |               |         |     |         |
| C.2.2. How to Report Adverse Events, Document at Patient Records & Utilize Electronic Medical Record. (ETR1)                                                  |           |               |         |     |         |
| C.2.3. Appropriate Consultation Skills, Referrals, Hand-Over, and/or Transfer of Care. (ETR1)                                                                 |           |               |         |     |         |
| <b>C.3. Collaborator</b> Trainees are exposed to an Effective Teaching and Supervised Practice Pertaining to:                                                 |           |               |         |     |         |
| C.3.1. Collaborative Skills for Inter-Professional and Multi-Disciplinary Healthcare Delivery. (ETR1)                                                         |           |               |         |     |         |



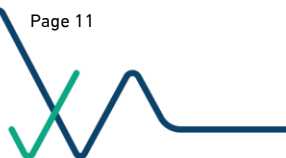


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|--------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| C.3.2. Skills for Conflicts' Management and Resolution. (ETR1)                                                     |  |  |  |  |  |
| <b>C.4. Leader</b> Trainees are exposed to an Effective Teaching and Supervised Practice Pertaining to:            |  |  |  |  |  |
| C.4.1. Leadership Skills. (ETR1)                                                                                   |  |  |  |  |  |
| C.4.2. Allocation of Healthcare Resources. (ETR1)                                                                  |  |  |  |  |  |
| C.4.3. Management of Health Professional Practice and Career. (ETR1)                                               |  |  |  |  |  |
| C.4.4. Serving in Administrative and Leadership Function. (ETR1)                                                   |  |  |  |  |  |
| C.4.5. Principles and Practice of Healthcare Quality Assurance and Quality Improvement. (ETR1)                     |  |  |  |  |  |
| <b>C.5. Health Advocate</b> Trainees are exposed to an Effective Teaching and Supervised Practice Pertaining to:   |  |  |  |  |  |
| C.5.1. Realization, Promotion and Response to the Health Needs of the Patient, Community and Population. (ETR1)    |  |  |  |  |  |
| <b>C.6. Scholar</b> Trainees are exposed to an Effective Teaching and Supervised Practice Pertaining to:           |  |  |  |  |  |
| C.6.1. Teaching Skills. (ETR1)                                                                                     |  |  |  |  |  |
| C.6.2. Feedback to the more Junior Trainees. (ETR1)                                                                |  |  |  |  |  |
| C.6.3. Critical Appraisal of Literature Using Knowledge of Research Methodology, Conduct and Biostatistics. (ETR1) |  |  |  |  |  |
| C.6.4. Self-Assessment and Self-Directed Learning. (ETR1)                                                          |  |  |  |  |  |
| C.6.5. Conduct of a Scholarly Project. (ETR1)                                                                      |  |  |  |  |  |
| C.6.6. Conduct of Research Project. (ETR1)                                                                         |  |  |  |  |  |
| C.6.7. Participation in a Patient Safety Project. (ETR1)                                                           |  |  |  |  |  |
| C.6.8. Participation in a Healthcare Quality Assurance or Improvement Project (ETR1)                               |  |  |  |  |  |





|                                                                                                                |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| C.6.9. Presentation or Participation at National, Regional or International Conferences. (ETR1)                |  |  |  |  |  |
| <b>C.7. Professional</b> Trainees are exposed to an Effective Teaching and Supervised Practice Pertaining to:  |  |  |  |  |  |
| C.7.1. Professional Conduct & Ethical Behaviours.                                                              |  |  |  |  |  |
| C.7.1.1. Deliver High Quality Care with Integrity, Honesty and Compassion. (ETR1)                              |  |  |  |  |  |
| C.7.1.2. Intra-Professional, Inter-Professional and Interpersonal Behaviours. (ETR1)                           |  |  |  |  |  |
| C.7.1.3. Practice in Ethically Responsible Manner. (ETR1)                                                      |  |  |  |  |  |
| C.7.1.4. Analysis and Reflection to Adverse or Sentinel Events and Strategies to Prevent Re-Occurrence. (ETR1) |  |  |  |  |  |
| C.7.2. Principles of Bioethics. (ETR1)                                                                         |  |  |  |  |  |
| C.7.3. Relevant Legal and Regulatory Framework. (ETR1)                                                         |  |  |  |  |  |
| C.7.4. Personal Health and Well-Being. (ETR1)                                                                  |  |  |  |  |  |





## E. EVALUATION OF TRAINEES PERFORMANCE

Mechanisms in Place is Required to Ensure the Systematic Collection and Interpretation of Evaluation Data for Each Trainee Enrolled in the Training Program through the Implementation of the SCFHS-Approved Evaluation System.

| Standard                                                                                                         | Fully Met | Partially Met | Not Met | N/A | Comment |
|------------------------------------------------------------------------------------------------------------------|-----------|---------------|---------|-----|---------|
| E.1. Clearly Defined Methodology of Evaluation. (ETR1)                                                           |           |               |         |     |         |
| E.2. Evaluation Compatible with the Characteristic Being Assessed.                                               |           |               |         |     |         |
| E.2.1. Evaluation of Knowledge. (ETR1)                                                                           |           |               |         |     |         |
| E.2.2. Evaluation of Clinical Skills by Direct Observation. (ETR1)                                               |           |               |         |     |         |
| E.2.3. Evaluation of Attitudes and Professionalism. (ETR1)                                                       |           |               |         |     |         |
| E.2.4. Evaluation of Communication Abilities with Patients, Care-Givers and Colleagues. (ETR1)                   |           |               |         |     |         |
| E.2.5. Written and Verbal Communications. (ETR1)                                                                 |           |               |         |     |         |
| E.2.6. Evaluation of Collaborating Skills. (ETR1)                                                                |           |               |         |     |         |
| E.2.7. Evaluation of Teaching Skills. (ETR1)                                                                     |           |               |         |     |         |
| E.2.8. Evaluation of Response to Issues Related to Age, Gender, Culture and Ethnicity. (ETR1)                    |           |               |         |     |         |
| E.3. Evaluation is Provided in an Honest, Helpful, Timely Manner, Documented and Provided in a Feedback Session. |           |               |         |     |         |
| E.3.1. Ongoing Informal Feedback During the Training Rotation. (ETR1)                                            |           |               |         |     |         |
| E.3.2. Face-to-Face Formal Feedback Meetings. (ETR1)                                                             |           |               |         |     |         |
| E.4. Trainees are Informed of Serious Concerns. (ETR1)                                                           |           |               |         |     |         |
| E.5. Evaluations are Reviewed Regularly by the TPC. (ETR1)                                                       |           |               |         |     |         |
| E.6. Provides Final In-Training Evaluation Report (FITER). (ETR1)                                                |           |               |         |     |         |





## R. RESOURCES:

There must be Adequate Educational Resources including Training Faculty, Number/Variety of Patients and Procedures, Physical and Technical Resources, Supporting Facilities and Services Necessary to Provide the Opportunity for All Trainees in the Training Program to Attain the Educational Objectives, as Defined by the SCFHS Training Program Curriculum.

| Standard                                                                                                                                                                                     | Fully Met | Partially Met | Not Met | N/A | Comment                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|---------|-----|----------------------------------------------------------|
| R.1. Sufficient Number of Qualified Full-Time Equivalent (FTE) Trainers and Appropriate Number, Age, Gender, Variety of Patients (or Lab Specimens or Radiology Images, List as Applicable). |           |               |         |     |                                                          |
| R.1.1. $\geq 2$ SCFHS Classified Dental Hygiene Trainers (ETR0)                                                                                                                              |           |               |         |     |                                                          |
| R.1.2. Advance Dental Hygiene Practice (ETR0)                                                                                                                                                |           |               |         |     |                                                          |
| R.1.2.1. $\geq 300$ Cases per trainer per year for at least two trainers                                                                                                                     |           |               |         |     | Total numbers of trainers:<br><br>Total number of cases: |
| R.1.2.1. Out of the 300, $\geq 180$ Patients with Comorbidities Cases per trainer per year                                                                                                   |           |               |         |     |                                                          |
| R.1.2.3. Out of the 300, $\geq 30$ Geriatrics Cases                                                                                                                                          |           |               |         |     |                                                          |
| R.1.2.4. Out of the 300, $\geq 30$ Pregnancy Cases                                                                                                                                           |           |               |         |     |                                                          |
| R.1.2.5. Out of the 300, $\geq 30$ In-office vital teeth bleaching Cases                                                                                                                     |           |               |         |     |                                                          |
| R.1.2.6. Out of the 300, $\geq 30$ Laser therapy cases                                                                                                                                       |           |               |         |     |                                                          |
| R.1.2.7. $\geq 4$ Out-patient Clinics per week                                                                                                                                               |           |               |         |     |                                                          |
| R.1.2.8. A Dental Assistant Per Clinic                                                                                                                                                       |           |               |         |     |                                                          |
| R.1.3. Technology and Devices (ETR1)                                                                                                                                                         |           |               |         |     |                                                          |
| R.1.3.1. Therapeutic Air Polishing                                                                                                                                                           |           |               |         |     |                                                          |
| R.1.3.2. Host Modulation and Adjuvant Therapy                                                                                                                                                |           |               |         |     |                                                          |
| R.1.3.3. In-office Teeth Bleaching                                                                                                                                                           |           |               |         |     |                                                          |
| R.1.3.4. Local Anesthesia                                                                                                                                                                    |           |               |         |     |                                                          |





|                                                                         |  |  |  |  |  |
|-------------------------------------------------------------------------|--|--|--|--|--|
| R.1.4. Periodontics (ETR1)                                              |  |  |  |  |  |
| R.1.4.1. $\geq 1$ SCFHS Classified Periodontic Trainer                  |  |  |  |  |  |
| R.1.4.2. $\geq 300$ Periodontic Cases:                                  |  |  |  |  |  |
| R.1.4.3. Out of the 300, $\geq 40$ Grade 2 cases per year               |  |  |  |  |  |
| R.1.4.4. Out of the 300, $\geq 180$ Grade 3 cases per year              |  |  |  |  |  |
| R.1.4.5. Out of the 300, $\geq 80$ Grade 4 cases per year               |  |  |  |  |  |
| R.1.5. Prosthodontic (ETR1)                                             |  |  |  |  |  |
| R.1.5.1. $\geq 1$ SCFHS Classified Prosthodontic Trainer                |  |  |  |  |  |
| R.1.5.2. $\geq 300$ Prosthodontic Cases per year                        |  |  |  |  |  |
| R.1.5.3. Out of the 300, $\geq 120$ Removable prostheses cases per year |  |  |  |  |  |
| R.1.5.4. Out of the 300, $\geq 120$ Fixed prostheses cases              |  |  |  |  |  |
| R.1.5.5. Out of the 300, $\geq 60$ Full dentures cases                  |  |  |  |  |  |
| R.1.6. Orthodontics (ETR1)                                              |  |  |  |  |  |
| R.1.6.1. $\geq 1$ SCFHS Classified Orthodontic Trainer                  |  |  |  |  |  |
| R.1.6.2. $\geq 200$ Orthodontics cases per year                         |  |  |  |  |  |
| R.1.7. Pediatric Dental (ETR1)                                          |  |  |  |  |  |
| R.1.7.1. $\geq 1$ SCFHS Classified Pediatric Dentistry Trainer          |  |  |  |  |  |
| R.1.7.2. $\geq 200$ Pediatric Dentistry cases per year                  |  |  |  |  |  |
| R.1.7.3. $\geq 40$ MCP cases (medical compromised patients)             |  |  |  |  |  |
| R.1.7.4. $\geq 100$ Pit and fissure sealants cases                      |  |  |  |  |  |
| R.1.7.5. $\geq 60$ Uncooperative cases                                  |  |  |  |  |  |
| R.1.8. Maxillofacial and Oral Surgery (ETR1)                            |  |  |  |  |  |



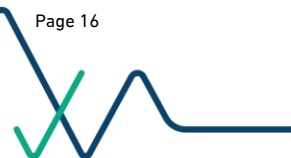


|                                                                                                                                              |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| R.1.8.1. ≥ 1 SCFHS Classified Maxillofacial and Oral Surgery Trainer                                                                         |  |  |  |  |  |
| R.1.8.2. ≥ 100 Maxillofacial and Oral Surgery cases                                                                                          |  |  |  |  |  |
| R.1.9. Oncology/Palliative (ETR1)                                                                                                            |  |  |  |  |  |
| R.1.9.1. ≥ 1 SCFHS Classified Oncology/Palliative trainer with at least 1 year experience in dealing with Oncology/Palliative patients.      |  |  |  |  |  |
| R.1.9.2. ≥ 150 Pediatric Oncology/ Palliative Cases per year                                                                                 |  |  |  |  |  |
| R.1.9.3. ≥ 60 Heads and neck cancers cases per year                                                                                          |  |  |  |  |  |
| R.1.9.4. ≥ 30 Hematologic cancer cases per year                                                                                              |  |  |  |  |  |
| R.1.9.5. ≥ 60 other cancers cases per year                                                                                                   |  |  |  |  |  |
| R.1.10. Dental Public Health Capstone (ETR1)                                                                                                 |  |  |  |  |  |
| R.1.10.1. ≥ 1 SCFHS Classified Dental Public Health Consultant or Senior Registrar or Dental Hygiene Trainer According to Selected Capstone. |  |  |  |  |  |
| R.1.11. Clinical Teaching Capstone (ETR1)                                                                                                    |  |  |  |  |  |
| R.1.11.1. ≥ 1 SCFHS Classified Senior Specialist in Dental Hygiene.                                                                          |  |  |  |  |  |
| R.1.11. Academic Activities                                                                                                                  |  |  |  |  |  |
| R.1.11. Ensure Trainers and Trainees participation in Academic half-day inside/ outside Training Center (ETR0)                               |  |  |  |  |  |
| R.1.11.2. Practice-based learning – 19 workshops (ETR0)                                                                                      |  |  |  |  |  |
| R.1.11.3. Case based discussion 4 sessions per month (ETR1)                                                                                  |  |  |  |  |  |
| R.1.11.4. Clinical case presentation – 1 case per rotation per trainee (ETR1)                                                                |  |  |  |  |  |
| R.2. Clinical Services and Resources Organized to Promote Training and Education.                                                            |  |  |  |  |  |
| R.2.1. Trainers Excel in Teaching, Training, Formative Assessment and Mentorship Skills. (ETR1)                                              |  |  |  |  |  |





|                                                                                                                                                                       |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| R.2.2. Multi-Disciplinary Based Healthcare Service Promoting for Educational Learning Environment. (ETR1)                                                             |  |  |  |  |  |
| R.2.3. Integration of Emergency, Acute Care, Ambulatory and Community Experiences (When Applicable). (ETR1)                                                           |  |  |  |  |  |
| R.2.4. Knowledge, Skills & Attitudes Relating to Age, Gender, Culture, and Ethnicity are considered for Effective Training Program Delivery. (ETR1)                   |  |  |  |  |  |
| R.2.5. Expertise and Facility Required to Identify, Prevent and Handle Patients Adverse Events Are Available. (ETR1)                                                  |  |  |  |  |  |
| R.3. Adequate Access to Computers/E-Library/On-Line References/ Health Information Management System Are Available 24/7 within Close Proximity. (ETR1)                |  |  |  |  |  |
| R.4. Physical & Technical Educational and Clinical Resources meet the SCFHS Standards of Accreditation.                                                               |  |  |  |  |  |
| R.4.1. Adequate Space for Daily Work. (ETR1)                                                                                                                          |  |  |  |  |  |
| R.4.2. Adequate Access to Appropriately Furnished and Equipped on Call Rooms (Males/ Females, Junior/ Senior) for In-Hospital and/or Out-of-Hospital On-Calls. (ETR1) |  |  |  |  |  |
| R.4.3. Adequate Access to Dining Facility, Cafeteria and/or Vending Machine (Males/ Females). (ETR1)                                                                  |  |  |  |  |  |
| R.4.4. Adequate Access to Appropriately Furnished and Equipped Lounge and/ or Office Space for the Trainees (Males/ Females). (ETR2)                                  |  |  |  |  |  |
| R.4.5. Access to Technical Resources for Patient Healthcare Delivery. (ETR1)                                                                                          |  |  |  |  |  |
| R.4.6. Access to Simulation Center or Facility for Direct Observation of Clinical and Procedural Skills. (ETR1)                                                       |  |  |  |  |  |
| R.4.7. Access to Private Space for Clinical and/or Educational Confidential Discussion. (ETR1)                                                                        |  |  |  |  |  |
| R.5. Supporting Facilities and/or Services.                                                                                                                           |  |  |  |  |  |
| R.5.1. Dental Radiology Imaging Service (ETR1)                                                                                                                        |  |  |  |  |  |





|                                  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|
| R.5.2. Dental Lab Service (ETR1) |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|





### Training Rotations

| معتمد<br>Accredited     |     | ETR Type | المدة<br>Duration | Rotations                       |
|-------------------------|-----|----------|-------------------|---------------------------------|
| لا                      | نعم |          |                   |                                 |
| Mandatory Rotations     |     |          |                   |                                 |
|                         |     | ETR0     | 30 weeks          | Advance Dental Hygiene Practice |
|                         |     | ETR1     | 12 weeks          | Periodontics                    |
|                         |     | ETR1     | 8 weeks           | Prosthodontics                  |
|                         |     | ETR1     | 10 weeks          | Orthodontics                    |
|                         |     | ETR1     | 6 weeks           | Pediatric Dentistry             |
|                         |     | ETR1     | 6 weeks           | Maxillofacial and Oral Surgery  |
|                         |     | ETR1     | 12 weeks          | Oncology/Palliative             |
| One Selective Rotations |     |          |                   |                                 |
|                         |     | ETR1     | 12 weeks          | Dental Public Health Capstone   |
|                         |     | ETR1     | 12 weeks          | Clinical Teaching Capstone      |





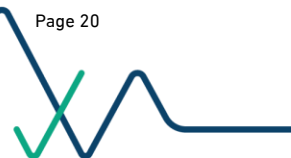
| List of Affiliated Training Sites<br>(Training Sites that are linked to the Governance of the same Training Center and accredited for the Training Program) |    |               |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------|----|
| Training Site                                                                                                                                               |    | Training Site |    |
|                                                                                                                                                             | 11 |               | 1  |
|                                                                                                                                                             | 12 |               | 2  |
|                                                                                                                                                             | 13 |               | 3  |
|                                                                                                                                                             | 14 |               | 4  |
|                                                                                                                                                             | 15 |               | 5  |
|                                                                                                                                                             | 16 |               | 6  |
|                                                                                                                                                             | 17 |               | 7  |
|                                                                                                                                                             | 18 |               | 8  |
|                                                                                                                                                             | 19 |               | 9  |
|                                                                                                                                                             | 20 |               | 10 |

| List of Participating Training Sites<br>(List of Training Sites that are linked to the Governance of another Training Center that collaborate with the Training Program to bridge a certain gap or to expand the Clinical Training Exposure) |  |                 |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|----|
| Training Site                                                                                                                                                                                                                                |  | Training Center |    |
|                                                                                                                                                                                                                                              |  |                 | 1  |
|                                                                                                                                                                                                                                              |  |                 | 2  |
|                                                                                                                                                                                                                                              |  |                 | 3  |
|                                                                                                                                                                                                                                              |  |                 | 4  |
|                                                                                                                                                                                                                                              |  |                 | 5  |
|                                                                                                                                                                                                                                              |  |                 | 6  |
|                                                                                                                                                                                                                                              |  |                 | 7  |
|                                                                                                                                                                                                                                              |  |                 | 8  |
|                                                                                                                                                                                                                                              |  |                 | 9  |
|                                                                                                                                                                                                                                              |  |                 | 10 |
|                                                                                                                                                                                                                                              |  |                 | 11 |
|                                                                                                                                                                                                                                              |  |                 | 12 |
|                                                                                                                                                                                                                                              |  |                 | 13 |
|                                                                                                                                                                                                                                              |  |                 | 14 |
|                                                                                                                                                                                                                                              |  |                 | 15 |





| Programs Accreditation Survey Agenda |         |                                                                                     |                                                                                          |
|--------------------------------------|---------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Time                                 | Minutes | Agenda                                                                              | Remarks                                                                                  |
| 8:00 - 09:00                         | 60      | Meeting the Program Director                                                        |                                                                                          |
| 9:00 - 10:00                         | 60      | Documents Review (Part 1)                                                           |                                                                                          |
| 10:00 - 11:00                        | 60      | Meeting with the Trainees                                                           |                                                                                          |
| 11:00 - 11:40                        | 40      | Meeting with the Faculty Trainers                                                   |                                                                                          |
| 11:40 - 12:15                        | 35      | Meeting with the Head of Department                                                 |                                                                                          |
| 12:15 - 13:00                        | 45      | Break                                                                               |                                                                                          |
| 13:00 - 13:45                        | 45      | Facility Tour                                                                       | On-Call Rooms, Lounge, Training Classrooms, OPD, Wards, ER, OR, Lab, Radiology, Pharmacy |
| 13:45 - 15:15                        | 90      | Documents Review (Part 2)<br>Surveyors Closed Meeting & Preparing the Survey Report |                                                                                          |
| 15:15 - 16:00                        | 45      | Exit De-Brief with the Program Director                                             |                                                                                          |





FOR SELF-ASSESSMENT USE/INTERNAL REVIEW

لإستخدامه في التقييم الذاتي / المراجعة الداخلية

| اسم البرنامج التدريبي                            |                                          | Findings/Issues<br>الملاحظات             |                                         |                                         |                                         |                                          |                                         |                   |
|--------------------------------------------------|------------------------------------------|------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|------------------------------------------|-----------------------------------------|-------------------|
|                                                  |                                          |                                          |                                         |                                         |                                         |                                          |                                         |                   |
| عدد معايير الاعتماد البرامجي المستوفاة في كل قسم |                                          |                                          |                                         |                                         |                                         |                                          |                                         |                   |
| Section R<br>ETR0:<br>ETR1:<br>ETR2:             | Section E<br>ETR0:0<br>ETR1:14<br>ETR2:0 | Section C<br>ETR0:0<br>ETR1:32<br>ETR2:1 | Section S<br>ETR0:0<br>ETR1:8<br>ETR2:2 | Section G<br>ETR0:4<br>ETR1:0<br>ETR2:0 | Section T<br>ETR0:3<br>ETR1:0<br>ETR2:0 | Section A<br>ETR0:2<br>ETR1:44<br>ETR2:4 | Section I<br>ETR0:0<br>ETR1:2<br>ETR2:0 | Standards' Weight |
|                                                  |                                          |                                          |                                         |                                         |                                         |                                          |                                         | (ETR0)            |
|                                                  |                                          |                                          |                                         |                                         |                                         |                                          |                                         | (ETR1)            |
|                                                  |                                          |                                          |                                         |                                         |                                         |                                          |                                         | (ETR2)            |
| Program Director<br>مدير البرنامج                |                                          |                                          |                                         |                                         |                                         |                                          |                                         |                   |
| Name:<br>الاسم                                   |                                          |                                          |                                         |                                         |                                         |                                          |                                         |                   |
| Signature:<br>التوقيع                            |                                          |                                          |                                         |                                         |                                         |                                          |                                         |                   |
| Date:<br>التاريخ                                 |                                          | 14 / / - 20 / /                          |                                         |                                         |                                         |                                          |                                         |                   |
| Stamp                                            |                                          |                                          |                                         |                                         |                                         |                                          |                                         |                   |





FOR EXECUTIVE ADMINISTRATION OF ACCREDITATION USE ONLY

لاستخدام الإدارة التنفيذية للاعتماد فقط

| توصية فريق زيارة الاعتماد |  |         |                  |
|---------------------------|--|---------|------------------|
| اسم البرنامج التدريبي     |  |         |                  |
| اسم المركز التدريبي       |  |         |                  |
| الدولة                    |  | المدينة |                  |
| 20م / / الموافق           |  |         | 14هـ / / التاريخ |
| التوصيات                  |  |         |                  |
|                           |  |         |                  |





| نوع قرار الاعتماد                                                                                       |                                          |                                          |                                         |                                         |                                         |                                          |                                         |                   |
|---------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|------------------------------------------|-----------------------------------------|-------------------|
| Choose an item.                                                                                         |                                          |                                          |                                         |                                         |                                         |                                          |                                         |                   |
| Choose an item. .4                                                                                      |                                          |                                          | Choose an item. .1                      |                                         |                                         | حالات التحديث: (إن وجد)                  |                                         |                   |
| Choose an item. .5                                                                                      |                                          |                                          | Choose an item. .2                      |                                         |                                         |                                          |                                         |                   |
| Choose an item. .6                                                                                      |                                          |                                          | Choose an item. .3                      |                                         |                                         |                                          |                                         |                   |
| فئة اعتماد البرنامج التدريبي                                                                            |                                          |                                          |                                         |                                         |                                         |                                          |                                         |                   |
| Choose an item.                                                                                         |                                          |                                          |                                         |                                         |                                         |                                          |                                         |                   |
| عدد معايير الاعتماد البرامجي المستوفاة في كل قسم                                                        |                                          |                                          |                                         |                                         |                                         |                                          |                                         |                   |
| Section R<br>ETR0:<br>ETR1:<br>ETR2:                                                                    | Section E<br>ETR0:0<br>ETR1:14<br>ETR2:0 | Section C<br>ETR0:0<br>ETR1:32<br>ETR2:1 | Section S<br>ETR0:0<br>ETR1:8<br>ETR2:2 | Section G<br>ETR0:4<br>ETR1:0<br>ETR2:0 | Section T<br>ETR0:3<br>ETR1:0<br>ETR2:0 | Section A<br>ETR0:2<br>ETR1:44<br>ETR2:4 | Section I<br>ETR0:0<br>ETR1:2<br>ETR2:0 | Standards' Weight |
|                                                                                                         |                                          |                                          |                                         |                                         |                                         |                                          |                                         | (ETR0)            |
|                                                                                                         |                                          |                                          |                                         |                                         |                                         |                                          |                                         | (ETR1)            |
|                                                                                                         |                                          |                                          |                                         |                                         |                                         |                                          |                                         | (ETR2)            |
| الطاقة الاستيعابية المقترحة في كل مستوى (لا ينطبق على رفض الاعتماد البرامجي أو تجميد الاعتماد البرامجي) |                                          |                                          |                                         |                                         |                                         |                                          |                                         |                   |
| المستوى 7                                                                                               | المستوى 6                                | المستوى 5                                | المستوى 4                               | المستوى 3                               | المستوى 2                               | المستوى 1                                |                                         |                   |
|                                                                                                         |                                          |                                          |                                         |                                         |                                         |                                          |                                         |                   |
| مصادقة فريق الزيارة                                                                                     |                                          |                                          |                                         |                                         |                                         |                                          |                                         |                   |
| العضو المشارك الثاني                                                                                    |                                          |                                          | العضو المشارك الأول                     |                                         |                                         | المقرر                                   |                                         |                   |
| الاسم                                                                                                   |                                          |                                          | الاسم                                   |                                         |                                         | الاسم                                    |                                         |                   |
| التوقيع                                                                                                 |                                          |                                          | التوقيع                                 |                                         |                                         | التوقيع                                  |                                         |                   |

