



**PROGRAMME:** MEDICAL PROGRAMME

**FORM:** ACCREDITATION, VERSION 1

## INSTRUCTIONS FOR COMPLETING THIS FORM

### GENERAL INSTRUCTIONS

Before completing this form, the applicant must read the *Accreditation Guidelines*, which are located on the FIA's website ([click here](#)). This document will explain the process for becoming accredited.

It is also recommended that the applicant read the *Officials Safety Training Programme - Best Practice Framework* ([click here](#)).

It should be noted that ASNs and other applicants are recommended to read through the lower levels of accreditation before proceeding to the highest level i.e. excellence level – each application will be considered individually.

### DETAILED INSTRUCTIONS

This form has six (6) sections – Sections 1-4 must to be completed, Section 5 is optional – please read all instructions contained within each section carefully prior to completing that section.

In order to complete this form it is recommended that the applicant has *Adobe® Acrobat®* - this will enable the applicant to complete the form electronically, save the form, and return via email – a link to the *Adobe® Acrobat®* is included on the website.

If the applicant is unable to complete the digital form, it is acceptable to scan the printed copy and return via email.

For queries about this form, please send an email to [krobson@fia.com](mailto:krobson@fia.com) or call +41 22 544 4589

Once the form is completed, please return to [krobson@fia.com](mailto:krobson@fia.com).

<b>PROGRESS</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>COMPLETE</b>
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**SECTION 1: APPLICANT DETAILS**

INSTRUCTIONS FOR SECTION 1: Please complete the following fields and questions

**SECTION 1A: ORGANISATION DETAILS**

Country

.....

Applicant Name

.....

Address (Street Name & Number)

.....

Address (City, State / Area)

.....

Address (Post Code)

.....

Is the address provided also the postal address?      Yes      No

.....

Postal Address (Street Name & Number)

.....

Postal Address (State / Area)

.....

Postal Address (Post Code)

.....

**SECTION 1B: CONTACT DETAILS**

Title

.....

First Name

.....

Surname

.....

Position

.....

Contact email

.....

Contact Phone

.....

Contact Fax

.....

<b>PROGRESS</b>	1	2	3	4	5	6	<b>COMPLETE</b>
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**SECTION 2: GENERAL PROGRAMME & ACCREDITATION DETAILS**

INSTRUCTIONS FOR SECTION 2: please complete the following questions, and for section 2A (questions 1-4), enter numbers only.

**SECTION 2A: OFFICIALS PROGRAMME DETAILS**

1. How many officials does your ASN have?  
.....
2. How many of these officials hold a licence issued by your ASN?  
.....
3. How many training courses does your ASN run per year?  
.....
4. How many officials does your ASN train per year?  
.....
5. If necessary, please use the space below to include additional comments in relation to the questions above (up to 450 characters):

**SECTION 2B: ACCREDITATION DETAILS**

1. What level of accreditation is your ASN applying for?  
.....
2. Does your ASN want to be contacted about becoming a regional training provider?  
.....  
Yes      No
3. If necessary, please use the space below to include additional comments in relation to the questions above (up to 450 characters):  
  
.....

<b>PROGRESS</b>	1	2	3	4	5	6	<b>COMPLETE</b>
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**SECTION 3: ALIGNMENT TO THE BEST PRACTICE FRAMEWORK**

INSTRUCTIONS FOR SECTION 3: please indicate the degree to which your ASN aligns to each of the Best Practice Principles by choosing from the options in the drop down boxes on the right hand side of the form.

In order to do this, you will need to utilise the Accreditation Guidelines and determine the degree of alignment against the benchmarks for Commitment to Excellence, Progress towards Excellence and Achievement of Excellence for each of the two framework elements Competency Development and Programme Structure.

You will need to support your choice by providing written evidence (up to 450 characters) and indicate if you are able to support your answer with further documentation.

**SECTION 3A: BEST PRACTICE PRINCIPLES (COMPETENCY DEVELOPMENT)**

CURRENT LEVEL OF ALIGNMENT

**1. Training is competency based**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

**2. Instructional design is done by accredited training developers and is tailored to suit the delivery mechanism**

Please provide evidence to support your choice::

If required, are you able to provide documentation to support your answer?      Yes      No

**3. Training content is developed by subject matter experts**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

<b>PROGRESS</b>	1	2	3	4	5	6	<b>COMPLETE</b>
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**SECTION 3A: BEST PRACTICE PRINCIPLES  
(COMPETENCY DEVELOPMENT)**

CURRENT LEVEL OF ALIGNMENT

**4. Training is delivered using a blended learning model**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

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**5. Key content areas essential to the development of the official are covered in the curriculum**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

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**6. The training curriculum has multiple tiers**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

---

**7. Training can be delivered via multiple channels**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

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**8. Training is conducted both regionally and centrally**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

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<b>PROGRESS</b>	1	2	3	4	5	6	<b>COMPLETE</b>
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**SECTION 3A: BEST PRACTICE PRINCIPLES  
(COMPETENCY DEVELOPMENT)**

CURRENT LEVEL OF ALIGNMENT

**9. Training modules are accredited by an independent third party**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

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**10. All officials receive training**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

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**11. The timing of training is linked to motor sport events**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

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**12. Trainers and assessors are appropriately qualified**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

<b>PROGRESS</b>	1	2	3	4	5	6	<b>COMPLETE</b>
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**SECTION 3A: BEST PRACTICE PRINCIPLES  
(COMPETENCY DEVELOPMENT)**

CURRENT LEVEL OF ALIGNMENT

**13. Maintenance requirements exist to keep the competency of officials current**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

**14. Recognition of prior learning or experience is available (RPL/E)**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

**15. A minimum level of event experience is required prior to upgrade**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

**16. Approval is required for senior officials who are upgrading**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

<b>PROGRESS</b>	1	2	3	4	5	6	<b>COMPLETE</b>
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**SECTION 3A: BEST PRACTICE PRINCIPLES  
(COMPETENCY DEVELOPMENT)**

CURRENT LEVEL OF ALIGNMENT

**17. Key performance indicators determining training effectiveness align with targets**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

**18. A continuous improvement approach is employed to keep the curriculum current**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

**19. A succession planning sub-programme is available**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

**20. A mentor sub-programme is available**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No



<b>PROGRESS</b>	1	2	3	4	5	6	<b>COMPLETE</b>
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**SECTION 3B: BEST PRACTICE PRINCIPLES  
(PROGRAMME STRUCTURE)**

CURRENT LEVEL OF ALIGNMENT

**1. A central body exists which is responsible for the governance of the programme**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

**2. The ASN has the capacity to manage the operational aspects of the programme**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

**3. An appointments panel exists for upgrading senior officials**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

**4. A suite of programme specific policies exists**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

<b>PROGRESS</b>	1	2	3	4	5	6	<b>COMPLETE</b>
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**SECTION 3B: BEST PRACTICE PRINCIPLES  
(PROGRAMME STRUCTURE)**

CURRENT LEVEL OF ALIGNMENT

**5. Risk management polices exist**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

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**6. A member protection policy exists**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

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**7. Officials are required to sign a code of conduct**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

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**8. Insurance is available for officials**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

<b>PROGRESS</b>	1	2	3	4	5	6	<b>COMPLETE</b>
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**SECTION 3B: BEST PRACTICE PRINCIPLES  
(PROGRAMME STRUCTURE)**

CURRENT LEVEL OF ALIGNMENT

**9. All doctors and healthcare professionals must be registered and have appropriate personal medical indemnity for their roles.**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

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**10. Role definitions for all officials exist**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

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**11. The ASN is responsible for issuing licences**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

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**12. The licensing system is electronic**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

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**13. The licensing system supports multiple levels and categories**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

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<b>PROGRESS</b>	1	2	3	4	5	6	<b>COMPLETE</b>
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**SECTION 3B: BEST PRACTICE PRINCIPLES  
(PROGRAMME STRUCTURE)**

CURRENT LEVEL OF ALIGNMENT

**14. All officials are licensed**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

**15. The programme is financially supported**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

**16. The programme is supported with a strong brand capability**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

**17. Annual prizes are awarded to outstanding officials**

Please provide evidence to support your choice:

If required, are you able to provide documentation to support your answer?      Yes      No

<b>PROGRESS</b>	1	2	3	4	5	6	<b>COMPLETE</b>
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## SECTION 4: FINANCIAL DETAILS

INSTRUCTIONS FOR SECTION 4: please read the information contained in Section 4A and then complete the question in Section 4B.

### SECTION 4A: FINANCIAL INFORMATION

The accreditation costs are outlined in the table below:

ACCREDITATION LEVEL	APPLICATION FEE (ONE-OFF)	RENEWAL FEE (BIENNIAL)
No level (application rejected)	€0	€0
Commitment to Excellence	€250	€250
Progress towards Excellence	€500	€250
Achievement of Excellence	€2,500*	€1,250*

\* If an on-site visit is required, a portion of the expenses associated with the on-site visit may be payable by the ASN - these expenses would be determined in advance between the FIA and the ASN seeking accreditation.

The accreditation fee will be payable after the FIA has determined the appropriate level and the FIA will issue the ASN with an invoice for this amount. The invoice will be payable within 30 days, unless otherwise agreed. In the event that the ASN does not meet any of the three accreditation levels, no fee will be payable by the ASN.

For financial information on becoming a Regional Training Provider, please refer to the Accreditation Guidelines or contact the FIA by sending an email to [krobson@fia.com](mailto:krobson@fia.com) or calling +41 22 544 4589. Note that in order to become a Regional Training Provider, an ASN will first have to satisfy the requirements of Achievement of Excellence level accreditation.

### SECTION 4B: FINANCIAL CONFIRMATION

We agree to pay the application or renewal fee on the terms outlined above Yes    No

<b>PROGRESS</b>	1	2	3	4	5	6	<b>COMPLETE</b>
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**SECTION 5: ADDITIONAL COMMENTS**

INSTRUCTIONS FOR SECTION 5: If you would like to provide additional information in support of your application (up to 2,500 characters), please use the space provide below to do so. Note that this section is optional.

Empty text area for providing additional comments.

<b>PROGRESS</b>	1	2	3	4	5	6	<b>COMPLETE</b>
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## **SECTION 6: DECLARATION**

INSTRUCTIONS FOR SECTION 6: Please read the declaration below, and indicate your acceptance.

We agree that the information provided in this form is, to the best of our knowledge and belief, correct at the time of completion of this form. We authorise the FIA to make such enquiries as it considers appropriate and undertake to provide any further information which the FIA requests for the granting of accreditation. We acknowledge that the award of accreditation will be at the sole discretion of the FIA. We agree to pay the application or renewal fee on the terms outlined in this application. We also undertake to provide any further information that may affect our accreditation level should our situation change at any time during the course of the accreditation period and we acknowledge that a change in our situation may lead to our accreditation level being changed or withdrawn without a refund of our application or renewal fee. We confirm that the person who submits this form for the ASN to the FIA is authorised to do so.

Do you accept the declaration above?      Yes      No

.....

*Note that if you do not accept the declaration, the FIA will not be able to process your application.*

**THIS IS THE END OF THE FORM**