
APPLICATION FOR REGISTRATION OF A MEDICAL TRAINING INSTITUTION

(To be submitted by the Institution to the SSGMC)

Type of application: **New** **Renewal**

Type of the Institution: **Public** **Private**

Part A: Applicant Institution Details

1. Full University Name:

2. University Address:

City: _____ State: _____

3. Primary Contact for this Application (Name/Title):

4. Email Address:

5. Website: _____

6. Telephone Number:



- 7. Evidence of the Degree-Awarding Powers: [] **Yes** - Please attach confirmation from Ministry of High Education, Sciences & Technology (MOHEST).

Part B: Proposed Medical School/Program Details

- 8. Name of Medical School: _____
- 9. Proposed Date of First Student Enrollment: _____
- 10. Proposed Number of Students in First Cohort: _____

Part C: Compliance & Standards Declaration

The SSGMC requires confirmation that the proposed program meets the standards in "Promoting Excellence: Standards for Education and Training".

Please confirm the following:

- 1. The learning environment will be safe for patients and supportive for learners
- 2. Integrated educational and clinical governance systems will be in place
- 3. A process exists to ensure only fit-to-practice students graduate
- 4. The curriculum includes all learning outcomes required for graduates

Part D: Required Supporting Evidence for Screening

Please embed or attach the following documents:

Evidence Requirement	Notes	Attached?
Philosophy of the medical course	Statement outlining educational philosophy aligned with SSGMC standards	[]
Financial capacity evidence	Independent financial audit demonstrating viability and resources	[]

Evidence Requirement	Notes	Attached?
Track record of new programs	Details of recent programs established by the university/institution	[]
Evidence of local demand/support	Analysis of health economy and memoranda from local health organizations	[]
Evidence of national engagement	Notification to Department of Health and MOHEST	[]
Quality management and governance statement	Processes for monitoring, quality improvement, and contingency triggers	[]

Part E: Declaration & Submission

By submitting this form, the University representative confirms commitment to the SSGMC's rigorous multi-stage approval process, including annual site visits and rolling quality assurance.

Authorized Signature: _____

Print Name: _____

Date: _____

Important Notes for Submission:

- No Standardized Form:** As of the available information, the SSGMC does not provide a standardized application form. The process involves submitting **specific documentary evidence** in response to requests at each stage.
- Multi-Year Process:** The application process takes a **minimum of two to three years** before the first cohort starts, followed by rolling quality assurance until the first cohort graduates.
- For Existing Medical Schools (Overseas):** If you represent an **overseas medical school** seeking recognition of its qualification for South Sudan registration, you must



complete the **SSGMC's medical school qualification review form** directly with the SSGMC.

4. **Official Contact:** All applications should be directed to the SSGMC via their official website or by contacting their education team directly.

For Official Use:

Verified by:

Name: _____ Designation: _____

Signature: _____ Date: _____

Recommended by:

Name: _____ Designation: _____

Signature: _____ Date: _____

Approved

Not Approved

Registration/License No: _____

Name: _____ Designation: _____