



ALLIED HEALTH PROFESSIONS COUNCIL

RIGHT TO INFORMATION (RTI) MANUAL

**Prepared in compliance with the Right to Information Act, 2019 (Act
989)**

Allied Health Professions Council

Accra, Ghana

Year: 2025

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1. Introduction

Purpose

The RTI Manual informs the public about the functions, structure and records held by the Allied Health Professions Council and the process for accessing information.

Legal Basis

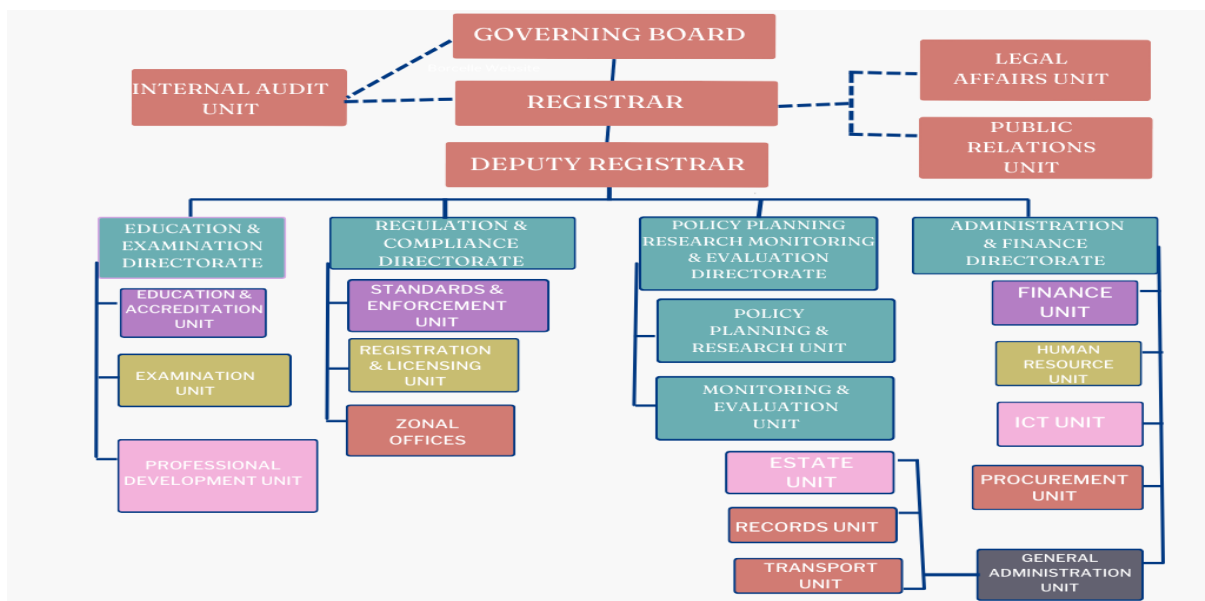
The manual is prepared in accordance with Section 3 of the Right to Information Act, 2019 (Act 989).

Scope

The manual provides guidance on records maintained by the Council and procedures for requesting information.

2. Organization Overview

ALLIED HEALTH PROFESSIONS COUNCIL ORGANOGRAM



Mandate and Functions

The Council regulates allied health professions in Ghana.

Core functions include:

- Registration and licensing of allied health professionals
- Regulation of professional practice standards

- Accreditation of training programmes
- Monitoring compliance with professional standards
- Investigation of complaints and disciplinary matters

3. Powers and Duties of Officers

Registrar

Provides leadership for the Council and implements Council policies.

Directorates

Directorates manage registration, regulation, complaints management, finance, administration and records.

Information Officer

Receives and processes RTI requests and facilitates access to information.

4. Decision Making Processes

Council decisions follow defined administrative procedures.

- Policy proposals reviewed by management
- Approval by the Governing Council
- Implementation by the Secretariat

5. Norms for Discharge of Functions

Operational standards guide service delivery.

Examples include timely processing of registration applications and fair handling of complaints.

6. Rules, Regulations, Instructions and Records Used

The Council relies on several regulatory instruments including:

- Allied Health Professions Act
- Council regulations and by laws
- Professional codes of ethics
- Administrative policies and guidelines

7. Categories of Documents under AHPC Control

Examples of records held by the Council:

- Professional registration records
- Licensing and renewal records
- Accreditation reports
- Compliance inspection records
- Financial and procurement records
- Policy and regulatory documents

8. Public Engagement and Consultation

The Council engages stakeholders through meetings, consultations and communication channels that allow feedback from professionals and the public.

9. Contact Information and Directory

Information Officer

Name: Mr David Obeng

Position: RTI Information Officer

Institution: Allied Health Professions Council

Location: Accra, Ghana

10. How to Access Information

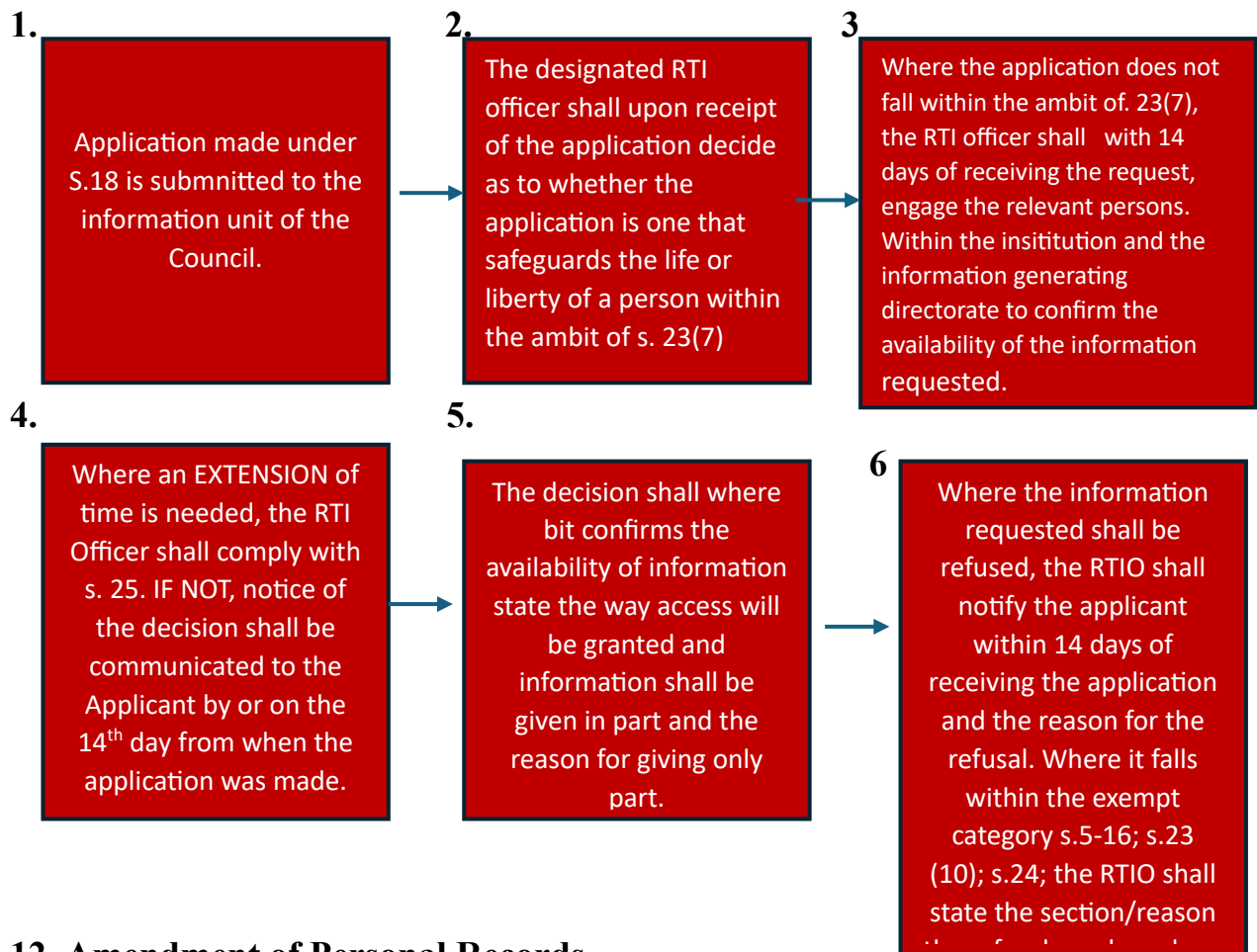
Requests for information may be submitted to the Information Officer in writing or orally.

Applicants must describe the information requested and provide contact details for communication.

11. Processing and Decision on Application

The Information Officer reviews the request, confirms whether the Council holds the information and consults the relevant department.

A decision is communicated within the period provided under the RTI Act.



12. Amendment of Personal Records

Individuals may request correction of inaccurate or incomplete personal records maintained by the Council.

Requests must include evidence supporting the amendment.

13. Fees and Charges for Access to Information

Fees may apply where information must be reproduced or processed.

Charges are limited to the cost of providing the information.

14. AHPC Organogram

The Council structure includes:

- Governing Council
- Registrar
- Directorates such as Registration, Regulation, Finance, Administration and Information Management
- Operational units supporting Council functions

Appendix B: Fees Schedule

Service

Estimated Fee

Photocopying per page

Printed document per page

Electronic copy (USB provided by applicant)

Electronic copy on storage device provided by
AHPC

Postal delivery

[Reference No.:]

APPLICATION FOR ACCESS TO INFORMATION UNDER THE RIGHT TO INFORMATION ACT, 2019 (ACT 989)



1.	Name of Applicant:	
2.	Date:	
3.	Public Institution:	

4.	Date of Birth:	DD	MM	YYYY
5.	Type of Applicant:	Individual <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Organization/Institution <input type="checkbox"/>		
6.	TIN Number			
7.	If Represented, Name of Representative:			
7 (a).	Capacity of Representative:			
8.	Type of Identification:	<input type="checkbox"/> National ID Card	<input type="checkbox"/> Passport	<input type="checkbox"/> Voter's ID <input type="checkbox"/> Driver's License
8 (a).	Id. No.:			

9.	<p>Description of the Information being sought (specify the type and class of information including cover dates. Kindly fill multiple applications for multiple requests):</p>
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10.	<p>Manner of Access:</p>	<p><input type="checkbox"/> Inspection of Information</p> <p><input type="checkbox"/> Copy of Information</p> <p><input type="checkbox"/> Viewing / Listen</p> <p><input type="checkbox"/> Written Transcript</p> <p><input type="checkbox"/> Translated (specify language) <input type="text"/></p>
10 (a).	<p>Form of Access:</p>	<p><input type="checkbox"/> Hard copy</p> <p><input type="checkbox"/> Electronic copy</p> <p><input type="checkbox"/> Braille</p>

11.	Contact Details:	<input type="checkbox"/> Email Address _____ <input type="checkbox"/> Postal Address _____ <input type="checkbox"/> Tel: _____
12.	Applicant's signature/thumbprint:	
13.	Signature of Witness (where applicable) “This request was read to the applicant in the language the applicant understands and the applicant appeared to have understood the content of the request.”	

Notice of Decision

Notice of Decision		
14.	FOR OFFICE USE: Received By: _____ (Information Officer)	Date Submitted: _____

15.	DECISION:
15 (a).	<input type="checkbox"/> Access Granted <input type="checkbox"/> Partial Access Granted Reason for Partial Access: <hr/> Cost of Form / Manner of Access: Hard Copy: Electronic Copy: Braille: Transcript: Translation: Total: Note: Access to Information will be granted upon full payment of the costs indicated above.
15 (b).	<input type="checkbox"/> Application Transferred te of Transfer: _____ stitution: _____

<p>15 (c).</p>	<p><input type="checkbox"/> Deferred Access</p> <p>Reason for</p> <p><input type="checkbox"/> Information will be published within 90</p> <p><input type="checkbox"/> Information is yet to be</p> <p>Duration Deferment: _____</p>
<p>15 (d).</p>	<p><input type="checkbox"/> Access Denied</p> <p>Reasons for Denial:</p> <p><input type="checkbox"/> Information for the President or the Vice- President (s.5, Act 989)</p> <p><input type="checkbox"/> Information Relating to Cabinet (s.6, Act 989)</p> <p><input type="checkbox"/> Information Relating to Law Enforcement & Public Safety (s.7, Act 989)</p> <p><input type="checkbox"/> Information Affecting International Relations (s.8, Act 989)</p> <p><input type="checkbox"/> Information that Affects the Security of the State (s.9, Act 989)</p> <p><input type="checkbox"/> Economic and Any Other Interests (s.10, Act 989)</p> <p><input type="checkbox"/> Economic Information of Third Parties (s.11, Act 989)</p> <p><input type="checkbox"/> Information Relating to Tax (s.12, Act 989)</p> <p><input type="checkbox"/> Internal Working Information of Public Institution (s.13, Act 989)</p> <p><input type="checkbox"/> Parliamentary Privilege, Fair Trial, Contempt of Court (s.14, Act 989)</p> <p><input type="checkbox"/> Privileged Information (s.15, Act 989)</p> <p><input type="checkbox"/> Disclosure of Personal Matters (s.16, Act 989)</p> <p><input type="checkbox"/> Non – existent Information (s.24, Act 989)</p>
<p>16.</p>	<p>Signed: _____ Date of Notice: _____</p> <p>Name: _____</p> <p>Information Officer</p> <p style="text-align: right;">[OFFICIAL STAMP]</p>



Acknowledgement

This is to acknowledge that your request for information was received:

Date: _____

Time: _____

Institution of receipt: _____

Name of recipient: _____

[Official Stamp]

Designation: _____

To receive notice of the decision on your request kindly visit:

Place: _____

Date: _____

Time: _____