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| This document serves as the formal application for registration of Primary & Secondary Institutions. Standards, processes, and guidelines to achieve registration status are presented.**Please Note The Following:** * ALL [applicable] areas of the application must be completed or the submission will not be accepted.
* The application must be typed; no handwritten information is accepted.
* Ensure that the *‘Certification and Disclosure Statement’* page is signed or the submission will not be accepted.
* Ensure that the *‘Declaration Statement’* page is signed or the submission will not be accepted.
* Ensure that a *USB Flash Drive* with the digital copy of all physical documents submitted to NAECOB accompany the submission.
* Separate the application from the accompanying documents.
* Do not change or insert new headings in the application; only submit information under the headings already provided or the submission will not be accepted.
* If the institution is offering distance education programmes, it must ensure that it meets the additional standards outlined in NAECOB’s Distance Education Programme Evaluation Guidelines.
 | [APS] |

Application for Registration of Primary & Secondary Institutions

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

***PREAMBLE***

*It is the institution’s responsibility to demonstrate that its programmes, procedures, policies, and processes are within The National Accreditation & Equivalency Council of The Bahamas (NAECOB) recognized standards and scope of authority. NAECOB reserves the right to circumscribe its review functions to the types of institutions and programmes that are within its recognized standards & scope of authority and to liaise with specialized consultants. NAECOB also reserves the right to decline undertaking the review of institutions and programmes that are determined to be outside of NAECOB’s purview, capacity, competence, or where information presented by the institution is not apropos for a substantive evaluation.*

**THE MEANING OF REGISTRATION**

 “Registration” certifies that an institution/provider offering/proposing to offer an educational service in the Bahamas has met the criteria for the provision of such services stated in the Education Act (1962 as amended). The criteria for registration are designed to provide registered institutions with a foundation for logical development towards accreditation. Registration status; however, can in no way be equated to accreditation. Institutions/Providers that are registered by the National Accreditation & Equivalency Council of The Bahamas (NAECOB) should not purport for promotional purposes to be “accredited” by NAECOB. Institutions/Providers making such a claim do so in contravention of the Act.

**CRITERIA FOR REGISTRATION**

1. Have a clearly defined structure of governance which is the final authority with respect to the formulation and implementation of basic policies that govern the institution/provider.
2. Have a clearly defined statement of the mission and purpose of the institution/provider in terms of its specific aims and goals within the context of the national goals.
3. Have educational programmes with clearly defined objectives consistent with the institutions/provider’s mission and purpose.
4. Have an evaluation process on which the award of a certificate, diploma, or degree is to be based.
5. Have admissions policies compatible with its stated mission and instructional objectives.
6. Own or have access to sufficient learning resources and services to adequately support the proposed courses and programmes.
7. Have sufficient academic, administrative and support staff with the requisite qualifications and experience appropriate for their tasks and to the institution’s/provider’s mission and purpose.
8. Have a plan for the educational, physical, and financial growth of the institution/provider as well as a method of evaluation of its efficiency and effectiveness.
9. Disclose all information required by NAECOB for the purpose of evaluating and registering the institution/provider.

**THE REGISTRATION PROCESS**

1. The Proprietor/Principal/President/Director of the institution/provider seeking registration should obtain copies of the relevant regulations and application form from NAECOB.
2. The institution/provider should file an application with NAECOB along with documentation of its conformity with the criteria for registration. This will be the primary source of information to be used in the evaluation of the institution/provider.
3. NAECOB will review the application and documentation to make an initial determination of the institution /provider’s eligibility for registration. Where the information submitted by an institution/provider is incomplete/ unclear, NAECOB shall seek additional clarification from the institution/provider.
4. In reviewing the application and documentation, NAECOB will seek the input of professionals/practitioners with appropriate expertise and objectivity, where necessary. It will also seek to verify affiliations/articulations/associations, whether locally or internationally.
5. NAECOB will schedule a suitable time for the Registration Evaluation Team to conduct a site visit of the institution/provider. The team will comprise members of NAECOB and when necessary, Professionals/Practitioners with appropriate expertise and objectivity. The purpose of the site visit is to determine the extent to which institution/provider is in conformity with the registration criteria.
6. The Registration Evaluation Team will prepare a written report and communicates to the institution/provider regarding any additional materials or matters in need of attention.
7. If approved, NAECOB will forward a letter of registration and a registration certificate to the applicant. The letter of registration informs the institution/provider of the registration decision and specifies the programmes/courses for which the institution is registered and the island on which these services are to be offered. If not approved, the letter will state the reasons why the registration is being withheld and make recommendation for actions if resubmission is desired.

**PUBLIC STATEMENTS CONCERNING INSTITUTION’S REGISTRATION STATUS**

Please note that submitting an ‘*Application* *for* *Registration’* to NAECOB does not establish accreditation with NAECOB. An institution granted *Registered* status must only use the following statement whenever it makes reference to its affiliation with NAECOB:

**[Institution’s Name]** has been granted *Registered* status by The National Accreditation & Equivalency Council of The Bahamas (NAECOB). The *Registered* status does not suggest that **[Institution’s Name]** now has accreditation with NAECOB nor does it guarantee that **[Institution’s Name]** is ensured eventual accreditation.

*Registered* status solely indicates that the institution has currently satisfied one of the several steps in progressing towards being accredited by NAECOB.

Please direct all inquiries regarding the status of **[Institution’s Name]** *Registration* to a representative of NAECOB. The contact information is outlined below:

***The National Accreditation and Equivalency***

***Council of The Bahamas (NAECOB)***

**TONIQUE WILLIAMS DARLING HIGHWAY & KNOWLES DRIVE**

**P.O. BOX N-3913**

**NASSAU, THE BAHAMAS**

**TELEPHONE: 328-8872/3**

**Email:** **naecob@moe.edu.bs**

**PLEASE NOTE:**

* When the above statement is communicated in digital or print media, there should be a header of ‘*Current Registration Status’* above it.
* When the above statement is communicated on the institution’s website, the associated URL must have the term ‘*Current Registration Status’* in it*.*
* If an institution releases a statement that is not as outlined above and/or misrepresents its affiliation with NAECOB, then the institution will be instructed to take corrective action.
* Should the institution fail to comply, NAECOB through its Executive Director will first release a public statement providing correct information.
	+ If the institution is currently in the application stage, the institution faces a possible penalty of the termination of their *Application for* *Registration*.
	+ If the institution has already attained ‘*registration status’,* the institution faces a possible penalty of the termination of their *Registered Status*.

**MAINTAINING REGISTRATION STATUS**

1. The Proprietor/Principal/President/Director of every registered institution/provider shall provide NAECOB, during the month of June each year, with an annual report of the performance of said institution/provider. The report should include particulars of any approved changes in the institution/provider since the date of its registration or the last annual report, as applicable.
2. Requests to offer additional programmes/courses and/or to expand operation to islands, other than that for which original registration was given, must receive prior approval of NAECOB. Such request must be submitted under separate cover. The reviews of programmes/courses in this instance are guided by adherence to the same criteria as outlined in **“A CRITERIA FOR REGISTRATION”**.
3. NAECOB will prepare a written report and communicate to the institution/provider regarding any additional materials or matters that need of attention.
4. If approved, NAECOB will forward a letter of registration and certificate of registration to the applicant. The letter of registration informs the institution/provider of the registration decision and specifies the programmes/courses for which the institution is registered and the island on which these services are to be offered. If not approved, the letter will indicate this, and state the reasons registration is being withheld, and make recommendations for actions if resubmission is desired.

**COMPLETE AND RETURN TO NAECOB FOR THE PURPOSE OF REGISTRATION**

(SECTION 32AOF THE EDUCATION ACT, REGULATION 1970).

Submitted by:

|  |
| --- |
|  |

Name of Institution

|  |
| --- |
|  |

Physical Address of Institution

Submitted to:

The National Accreditation & Equivalency Council of The Bahamas

Tonique Williams Darling Highway & Knowles Drive

P.O. Box N-3913

Nassau, The Bahamas

|  |
| --- |
|  |

Date of Submission

**CERTIFICATION AND DISCLOSURE STATEMENT**

|  |  |
| --- | --- |
| **The administration of** |  |
| Name of Institution |

1. Will abide by an ethical code of conduct that is required by NAECOB for all institutions that offer any form of training and education in The Commonwealth of The Bahamas.
2. Is committed to investing the staff, resources, funds, time, and effort necessary to complete a comprehensive *Application for Registration*.
3. Is committed to investing the staff, resources, funds, time, and effort to make any necessary improvements to the institution’s existing administrative and academic operations as identified by the *Application for Registration.*
4. Will present all required documents and information outlined in the *Application for Registration* in accordance with standards of NAECOB that are necessary for the registration process.
5. Agrees that NAECOB may make known to the public sector, private sector, other regional and international accrediting bodies, other institutions, organizations, or agencies all information regarding the publication of the institution’s *Registration* status.
6. Certifies that the information submitted in this application and supporting documents are original in content, accurate, and complete.
7. Agrees to comply with all requirements of NAECOB.

|  |
| --- |
|  |
| Name of Chief Administrative Officer |

|  |
| --- |
|  |
| Title of Chief Administrative Officer |

|  |
| --- |
|  |
| Signature of Chief Administrative Officer Date |

**DOCUMENT CHECKLIST**

 **Ensure that ALL the accompanying documents are submitted with the completed application separate and apart from information requested within the application.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mission Statement** |  | **Institutional Goals** |
|  | **Vision Statement** |  | **Organizational Chart** |
|  | **Chief Executive Officer** |  | **Chief Administrative Officer** |
|  | Chief Executive Officer’s Resume |  | Copy of Chief Executive Officer’s Academic Qualification(s) |  | Chief Administrative Officer’s Resume |  | Copy of Chief Administrative Officer’s Academic Qualification(s) |
|  | Chief Executive Officer’s Official Transcript(s) |  | Chief Administrative Officer’s Official Transcript(s) |
|  | **Chief Academic Officer** |  | **Governance (Board Members)** |
|  | Chief Academic Officer’s Resume |  | Copy of Chief Academic Officer’s Academic Qualification(s) |  |  | Profile Tables of Board Members |  | Copy of Board Members’ Academic Qualification(s) |
|  | Chief Academic Officer’s Official Transcript(s) |  | Resumes of Board Members |
|  | **Clientele Data** |  | **Calendar System(s)** |
|  | **Business License** |  | **Development Plan** |
| **Administrative & Academic Policies and Procedures** |
|  | Records Management Policies and Procedures |  | Student-Related Policies and Procedures |
|  | Instructional Staff Policies and Procedures |  | Administrative & Support Staff Policies and Procedures |
|  | **Admissions**  |  | **Policies and Procedures** |  | **Tuition & Fees** |  | **Tuition & Fee Structure** |
|  | **Application Form** |
|  | **Copy of Placement Exam(s) (if applicable)** |  | **Policies and Procedures** |
|  | **Information on Learning Resources** |  | Electronic Library |  | School Management System |
|  | Instructional Equipment and Supplies  |  | Multimedia Resources |
|  | **Information on Physical Resources** |  | Floor Plan(s) |  | Copy of RBPF Fire Department Approval |
|  | Copy of Rental Agreement(s), |  | Copy of Department Environmental Health Approval  |
|  | Copy of Department of Physical Planning Approval |
|  | **Information on Financial Resources**   |  | Current Budget (s) |  | Projected Budgets |
| **Instructional Staff Information** |
|  | Instructional Staff’s Profile Tables |  | Instructional Staff’s Resumes |
|  | Instructional Staff’s Official Transcript(s) |  | Instructional Staff’s Copy of Academic Qualification(s)  |
|  | **Programme Outline(s) (If the Institution is offering programmes different from the national curriculum and/or in addition to the national curriculum)** |
|  | **Course Outline(s) (If the Institution is offering courses different from the national curriculum and/or in addition to the national curriculum)** |
|  | **Agreements and/or Affiliations with other Institutions (if applicable)** |
| **Administrative & Support Staff Information** |
|  | Administrative & Support Staff’s Profile Tables |  | Administrative & Support Staff’s Resumes |
|  | Administrative & Support Staff’s Official Transcript(s) |  | Administrative & Support Staff’s Copy of Academic Qualification(s) |
|  | **Sample of Award(s)** |  | Sample of each award received by a student that successfully completes / graduates a programme. |
|  | Programme Completion / Graduation Requirements’ Policies and Procedures |
|  | Application for Programme Completion / Application for Graduation |

 **GENERAL INFORMATION**

|  |  |
| --- | --- |
| 1. **NAME** of Institution:
 |  |
|  |
|  |

1. **ADDRESS** of Institution (Main Campus)

|  |  |
| --- | --- |
|  |  |
| Street Address Postal Address |
|  |  |
| Telephone Number Fax Number |
|  |
| Website |
| Email |

1. **TYPE** of Institution (Please check all that apply)

|  |  |
| --- | --- |
| [ ]  Early Childhood | [ ]  Primary School |
| [ ]  High School | [ ]  Special Needs (Please specify) |

1. Provide the **VISION STATEMENT** of the Institution**.**

|  |
| --- |
|  |

1. Provide the **MISSION STATEMENT** of the Institution**.**

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**6.** Provide the **CORE VALUES** of the Institution**. *(Attach Separately)***

**7.** Provide the **INSTITUTIONAL GOALS** of the Institution**. *(Attach Separately)***

**8.** Provide the **ORGANIZATIONAL CHART** of the Institution**. *(Attach Separately)***

**9. CHIEF EXECUTIVE OFFICER (CEO)** of the Institution. ***(If Applicable)***

|  |
| --- |
|  |
| Name of Chief Executive Officer **(Attach Resume, Transcript[s] and a Copy of Academic Qualification[s])** |
|  |
| Title/Role of Chief Executive Officer  |
|  |  |
| Street Address Postal Address |
|  |  |
| Telephone Number Fax Number |
|  |

Email Address

**10. CHIEF ADMINISTRATIVE OFFICER** of the Institution.(e.g. Principal, President, Director…etc.)

|  |
| --- |
|  |
| Name of Chief Administrative Officer **(Attach Resume, Transcript[s] and a Copy of Academic Qualification[s])** |
|  |
| Title/Role of Chief Administrative Officer  |
|  |  |
| Street Address Postal Address |
|  |  |
| Telephone Number Fax Number |
|  |

Email Address

**11. CHIEF ACADEMIC OFFICER** of the Institution. (e.g. Academic Dean, Provost, VP of Academic Affairs…etc.)

|  |
| --- |
|  |
| Name of Chief Administrative Officer **(Attach Resume, Transcript[s] and a Copy of Academic Qualification[s])** |
|  |
| Title/Role of Chief Administrative Officer  |
|  |  |
| Street Address Postal Address |
|  |  |
| Telephone Number Fax Number |
|  |

Email

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **YES**  |  |  | **NO**  |

**12. Has the Institution already opened?**

|  |  |  |
| --- | --- | --- |
| **a.** | If NO, what is the proposed date of opening?  |  |
| **b.** | If YES, when was the Institution opened?  |  |

**13. What is the OWNERSHIP TYPE of the institution?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Sole Proprietorship  |  |  | Religious  |
|  |  |  |  |  |
|  | Privately Held Business Corporation  |  |  | Limited Liability Partnership Company  |
|  |  |  |  |  |
|  | Non-Profit Organization  |  |  | Limited Partnership Company  |
|  |  |  |  |  |
|  | Publicly Held Business Corporation  |  |  | OTHER (please specify) |

|  |
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|  |

**14. Has the Institution changed ownership in the past three (3) years?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES  |  |  | NO  |

(If **YES**, **submit a copy** of the application and approval of the change of ownership from the appropriate licensing agency)

**15. Is there any litigation pending for/or against the Institution?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES  |  |  | NO  |

 If **YES**, describe the pending litigation.

|  |
| --- |
|  |
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**16. Has the Institution had its registration status or licensure suspended or terminated?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES  |  |  | NO  |

 If **YES**, **provide a copy** of the registration or licensure agency’s notification.

|  |
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**17. GOVERNANCE**

**There should be a minimum of five (5) members representing the legal body with specific authority over the institution. The majority of the Board must be free of any contractual, employment, personal, familial or financial interest in the institution/provider.**

**Outline the following information:**

* + - * Fill out a separate ‘profile table’ for **each** Board Member
			* Attach (i) Resume and (ii) Copy of Academic Qualification(s) for **each** BOARD MEMBER

|  |  |
| --- | --- |
| **Full Name** |  |
| **Role** |  |
| **Current Place of Employment** |  |
| **Work Number** |  | **Home Number** |  | **Cell Number** |  |
| **Email** |  |
| **Credentials /****Qualifications** | **Name of Institution(s)** | **Address of Institution(s)** | **Qualification(s) Achieved** |
|  |  |  |
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**18. Are any owners, administrators or governing board members of the Institution facing impending criminal investigations and/or charges?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES  |  |  | NO  |

 If **YES**, describe the pending litigation.

|  |
| --- |
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**19. Has any owner, administrator or governing board member of the Institution ever been convicted of a crime?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **YES**  |  |  | **NO**   |

 If **YES**, describe the conviction

|  |
| --- |
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**20. BRANCH/SATELLITE CAMPUSES**

 **List all branch/satellite campuses.**

\*\*Branch/Satellite campuses must have the same owner as the institutions main campus and should bear the same name as the main campus.\*\*

|  |
| --- |
|  |
| Name of Branch/Satellite Campus  |
|  |
| Name of On-Site Administrator  |
|  |
| Title of On-Site Administrator |
| Branch/Satellite Campus Street Address Postal Address |
|  |  |
| Telephone Number Fax Number |
|  |
| Website |
|  |

Email Address

|  |  |
| --- | --- |
| **Proposed Total Enrollment** |  |

**21. CLIENTELE DATA:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GRADES** | **PRE-SCHOOL** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| FEMALE |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MALE |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Grand Total** |  |

**22. INSTRUCTIONAL SERVICE CENTER** Agreement

Any partnership(s) between the Institution and another institution or business entity in an agreement to offer classes and/or related co-curricular activities must be shared**.**

Provide a copy of agreement as well asthe following information about the Instructional Service Center(s).

|  |
| --- |
|  |
| Name of Instructional Service Center  |
|  |
| Name of On-Site Administrator  |
|  |
| Title of On-Site Administrator |
| Instructional Service Center Street Address Postal Address |
|  |  |
| Telephone Number Fax Number |
|  |
| Website |
|  |

Email

**EDUCATIONAL PROGRAMMES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **YES**  |  |  | **NO**  |

**23a. The Institution offers educational programmes that are in line with the national curriculum of The Bahamas.**

|  |
| --- |
| If NO, explain the educational programmes offered by the institution that are different from the national curriculum and/or are in addition to the national curriculum of The Bahamas.  |
|  |

**23b. Examinations to be taken (check all that apply):**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | GLAT  |  |  | GCE |  | BJC |   | BGCSE |
|  |  |  |  |  |  |  |  |  |
|  | CXC  |  |  |  RSA  |  | SAT |  | OTHER (please specify) |

|  |
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|  |
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**24. CALENDAR SYSTEM associated with Educational Programme Delivery**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Semester |  |  | Quarter |  |  | Trimester |  |  | OTHER (please specify) |

|  |
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|  |

**25. ADMISSIONS**

1. ***Attach Separately:*** *a copy of the institution’s application form.*
2. ***Attach Separately:****a copy of placement examination* (if applicable)
3. ***Attach Separately:*** *policies governing student recruitment and admissions*

**26. RECORDS MANAGEMENT** (***Attach Separately:*** *Policies governing student records management)*

**27. STUDENT-RELATED POLICIES** (***Attach Separately:*** *Policies governing students)*

**28. TUITION & FEES INFORMATION**

1. ***Attach Separately:*** *Information on Tuition & Fees Structure*
2. ***Attach Separately:*** *Policies governing Tuition & Fees*

**29. PHYSICAL RESOURCES/FACILITIES**

Provide information on the physical resources/ facilities in support of the successful delivery of the Educational Programmes. ***(Attach Separately)***

**30. LEARNING RESOURCES**

Provide information on the learning resources in support of the successful delivery of the Educational Programmes. ***(Attach Separately)***

**31. FINANCIAL RESOURCES**

Provide information on the financial resources in support of the successful delivery of the Educational Programmes. ***(Attach Separately)***

**32. SAMPLE OF AWARD(S)**

1. ***Attach Separately:*** *Sample of each award received by a student that successfully completes / graduates from a programme.*
2. ***Attach Separately:****Programme Completion / Graduation Requirements policies and procedures*
3. ***Attach Separately:*** *Application for Graduation / Application for Programme Completion.*

**33. DEVELOPMENT PLAN**

Provide information on the development plan in support of the successful delivery of the Educational Programmes**. *(Attach Separately)***

**34. AFFILIATED INSTITUTIONS *(Attach Separately)***

Provide information on whether the institution is affiliated with or will seek Articulation Agreement(s) or Memoranda of Understanding (MOUs) with established/accredited institutions either local or overseas in support of the academic programme. **Provide a copy of the agreement**.

**35. INSTRUCTIONAL STAFF MEMBER(S)**

 Provide information on the **INSTRUCTIONAL STAFF MEMBER(S)** that support academic programme delivery at the institution: ***(Attach separately)***

 **(a) Resume, transcript(s), and academic qualification(s) of all Instructional Staff.**

* Fill out a separate ‘profile table’ for **each** Instructional Staff Member.
* Attach the Instructional Staff Member’s (i) resume, (ii) official transcript(s) and (iii) copy of academic qualification(s) to **each** profile table.
* Each instructional staff member **must** have their academic qualifications evaluated by the Credentials Evaluation Unit at NAECOB (See credentials evaluation form at naecob.org). Associated cost applies.

|  |
| --- |
| **Instructional Staff Profile Table** |
| **Full Name** |  |
| **Gender** |  |
| **Nationality** |  |
| **Work Number** |  | **Home Number** |  | **Cell Number** |  |
| **Email** |  |
| **Years and Type of Experience** |  |
| **Subject(s) to be Taught** |  |
| **Full Time or Part-Time** |  |
| **Total Teaching Load** (Hours Per Week) |  |
| **Credentials /****Qualifications** | **Name of Institution (s)** | **Address of Institution(s)** | **Qualification(s) Achieved** |
|  |  |  |
|  |  |  |
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**(b) INSTRUCTIONAL STAFF POLICIES**

Provide information on the policies associated with **instructional staff policies.  *(Attach Separately)***

**36. ADMINISTRATIVE & SUPPORT STAFF MEMBER(S)**

Provide the following information on the Administrative & Support Staff Member(s) that supports the institution in achieving its mission and goals**: *(Attach Separately)***

**(a) Resume, transcript(s), and academic qualification(s)** of all administrative & support staff**.**

* Fill out a separate ‘profile table’ illustrated below for **each** administrative & support staff member.
* Attach the administrative & support staff member’s (i) resume, (ii) official transcript(s) and (iii) copy of academic qualification(s) to **each** of their profile table.

|  |
| --- |
| **ADMINISTRATIVE & SUPPORT Staff Profile Table** |
| **Full Name** |  |
| **Gender** |  |
| **Nationality** |  |
| **Work Number** |  | **Home Number** |  | **Cell Number** |  |
| **Email** |  |
| **Department**  |  |
| **Areas of Responsibilities** |  |
| **Full Time or Part-Time** |  |
| **Credentials /****Qualifications** | **Name of Institution (s)** | **Address of Institution(s)** | **Qualification(s) Achieved** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**(b) ADMINISTRATIVE AND SUPPORT STAFF**

Provide information on the policies associated with the Administrative and Support Staff. ***(Attach Separately)***

**DECLARATION STATEMENT**

* The undersigned formally declares our intent to seek *Registration* Status from The National Accreditation & Equivalency Council of The Bahamas (NAECOB) and requests the review of our *Application for Registration* and accompanying documents as the initial steps in this process.
* The undersigned understands that no affiliation is formed between the institution and NAECOB based on their submission of the *Application for Registration.*
* The undersigned understands that an institution is not allowed to make any public statement about the status of its *Application for Registration* submission other than the approved and exact statement outlined by NAECOB.
* The undersigned understands that the decision as to whether the institution qualifies for *Registration* rests solely and exclusively with NAECOB and that the decision(s) are final.
* I/We [full name(s)] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/are authorized to submit this *Application for Registration* and accompanying documents on behalf of [***Institution’s name*]**. I/We hereby also declare that all the information contained in this *Application for Registration* is, to my/our knowledge, true and correct.

|  |
| --- |
|  |
| Signature (Proprietor) Date |

|  |
| --- |
|  |
| Signature (Principal/President/Director) Date |

**PLEASE SUBMIT COMPLETED APPLICATION FORM AND ACCOMPANYING DOCUMENTS TO:**

**The National Accreditation and Equivalency**

**Council of The Bahamas (NAECOB)**

**Tonique Williams Darling Highway & Knowles Drive**

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