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| 2018-2020 | The National Accreditation & Equivalency Council of The Bahamas  NAECOB | |
| This document serves as the formal application for Institutional recognition of Non-Bahamian Post-Secondary Institutions that hold accreditation status from international or regional accreditation bodies recognized by The Bahamas and is seeking to recruit for and offer educational programmes in The Bahamas.  **Please Note:** The *Criteria for Recognition* of Post-Secondary Institutions must be read in conjunction with NAECOB’s Distance Education Programme Evaluation Guidelines. | | [AIRP] |

**PREAMBLE**

[www.naecob.org](http://www.naecob.org)

Application for Institutional Recognition (Post-Secondary Institutions)

*It is the Institution’s responsibility to demonstrate that their 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 RECOGNITION**

Non-Bahamian Post-Secondary Institutions that hold accreditation status from international or regional accreditation bodies recognized by The Bahamas that seek to offer their academic programmes in The Bahamas are eligible to apply for *Institutional Recognition*. This pathway of recognition is based on the [Convention on the Recognition of Qualifications concerning Higher Education](http://www.coe.int/t/dg4/highereducation/recognition/lrc_EN.asp) that was developed by the Council of Europe and UNESCO (Lisbon on 8 - 11 April 1997) and have since been adopted by several accreditation bodies internationally.

“Among the main points of the Council of Europe/UNESCO Convention are the following:

* Each country shall recognize qualifications – whether for access to higher education, for periods of study or for higher education degrees – as similar to the corresponding qualifications in its own system unless it can show that there are substantial differences between its own qualifications and the qualifications for which recognition is sought.
* Recognition of a higher education qualification issued in another country shall have one or more of the following consequences:
* access to further higher education studies, including relevant examinations and preparations for the doctorate, on the same conditions as candidates from the country in which recognition is sought;
* The use of an academic title, subject to the laws and regulations of the country in which recognition is sought;
* In addition, recognition may facilitate access to the labour market” (1997)

**CRITERIA FOR RECOGNITION**

Please note that the following criteria for *Recognition of Post-Secondary Institutions* must be read in conjunction with NAECOB’s Distance Education Programmes Evaluation Guidelines:

1. The Institution should currently hold full accreditation status from international or regional accreditation body/agnecy recognized by The Bahamas.
2. The Institution should have the legal authorization by the respective licensing agency in their jurisdiction to operate; they must be in operation for at least one (1) year.
3. The Institution must have been under the same ownership, at the same location (main campus) for at least one year of continuous operation.
4. The Institution must offer Post-Secondary education programmes where the student will graduate with at least an Associate Degree in an economically viable discipline.
5. The Institution must have fair admissions policies and procedures that are aligned with best practices and benchmarks in higher education.
6. The Institution should have completed at least one graduation exercise from a cohort with the longest offered programme major at the time of application.
7. The Institution should have at least twenty-five (25%) of the student population attending in full-time (FT) status; related documents with this data must be submitted.
8. The Institution must have full time (FT) on-site administrative and support staff in the respective department/unit with the requisite qualifications and experience. They must have been employed with the Institution for at least six (6) months prior to submitting an application.
9. The Institution must have sufficient qualified and experienced faculty assigned accordingly to support the delivery of educational programmes.
10. The Institution must have the appropriate administrative systems, technologies, processes, and capabilities in support of the educational programmes offered.
11. The Institution must have the necessary learning resources in support of instructional staff, administrative staff, students and other related stakeholders in the teaching and learning environment.
12. The Institution must have the physical space and demonstrate efficient management of their facilities in support of the teaching and learning environment.
13. The Institution must have the necessary student services in place to support educational programmes and co-curricular activities of its student population.
14. The Institution must have sufficient financial resources in support of its academic and administrative operations. Externally audited financial statements of at least one-year must be submitted.
15. The Institution must 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.
16. The Institution must have a developed strategic plan for the continued educational, physical, and financial growth of the Institution; the plan should map at least three (3) years of activities.
17. The Institution must be able to submit an annual report demonstrating at least one year of operation data and outcomes.
18. The Institution must have authorization from the governing body or relevant authority has been granted to offer the programme.
19. The programme is consistent with the Institutions stated mission and educational goals.
20. The Institution has a system for internal programme approval, review, and monitoring.
21. There is a detailed programme specification developed.
22. The Institution’s resources adequately support its education programme offering.
23. The Institution must agree to comply with all requirements of The National Accreditation & Equivalency Council of The Bahamas (NAECOB).

**APPLICATION FOR RECOGNITION**

If an Institution believes that it meets the *Criteria for Recognition of Post-Secondary Institutions* and wishes to be considered for recognition status, its Chief Executive Officer should first contact Executive Director of The National Accreditation & Equivalency Council of The Bahamas (NAECOB). NAECOB requires that representatives of the Institution meet with the Executive Director to discuss application procedures and materials. After this meeting, the Institution's Chief Executive Officer may submit the following to the Executive Director’s office:

1. **Letter Of Intent (LOI)-Recognition** stating that the governing board has authorized the Institution to seek affiliation with NAECOB
2. **Proof of Current Institutional Accreditation Status** – the Institution must provide a copy of all related documents that verify its current Institutional Accreditation status at the time of application.
3. an **Evaluation Fee** which covers consultation and travel by the NAECOB staff, as well as external representatives or panel of experts. **The current schedule of associated fees and dues is available upon request.**

**PUBLIC STATEMENTS CONCERNING INSTITUTIONAL RECOGNITION STATUS**

Please note that submitting an ‘Application for *Institutional Recognition (Post-Secondary)* to NAECOB does not establish Institutional Recognition with NAECOB. An Institution granted *Institutional Recognition* status must only use the following statement whenever it makes reference to its affiliation with NAECOB:

**[Institution’s Name]** has been granted *Institutional Recognition* status by The National Accreditation & Equivalency Council of The Bahamas (NAECOB). The *Institutional Recognition* status does not suggest that **[Institution’s Name]** now has accreditation with NAECOB.

*Institutional Recognition* status indicates that the institution currently holds full accreditation status from international or regional accreditation bodies recognized by The Bahamas. NAECOB’s *Institutional Recognitio*n permits the institution to recruit for and offer educational programmes in The Bahamas.

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

***The National Accreditation and Equivalency***

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

**RND PLAZA WEST**

**JOHN F. KENNEDY DRIVE**

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

**NASSAU, THE BAHAMAS**

**TELEPHONE: 328-8872/3**

**Email: info@naecob.org**

**PLEASE NOTE:**

* When the above statement is communicated in digital or print media, there should be a header of ‘*Institutional Recognition* above it.
* When the above statement is communicated on the Institution’s website, the associated URL must have the term ‘*Institutional Recognition* 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.
* Secondly, the Institution faces a penalty of the termination of their *Institutional Recognition* application.

Submitted by:

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Name of Institution

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Physical Address of Institution

Submitted to:

Dr. Iva Dahl, Executive Director

National Accreditation & Equivalency Council of The Bahamas

RND Plaza West

John F. Kennedy Drive

Nassau, The Bahamas

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|  |

Date of Submission

**APPLICATION CERTIFICATION AND DISCLOSURE STATEMENT**

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| **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 self-study report for *Institutional Recognition.*
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 self-study for *Institutional Recognition.*
4. Will present all required documents and information outlined in the *Institutional Recognition* standards of NAECOB that are necessary for the candidacy review 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 *Institutional Recognition* 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.

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|  |
| Name of Chief Administrative Officer |

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| Title of Chief Administrative Officer |

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| Signature of Chief Administrative Officer Date |

**SECTION 1-A - PLEASE PROVIDE THE FOLLOWING INFORMATION:**

|  |  |
| --- | --- |
| 1. **Name of Institution** |  |
|  | |
|  | |

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

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

**3. Provide a Brief History/Background about the Institution. *(Attach Separately)***

**4. Chief Executive Officer (CEO) of the Institution.**

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

Email Address

**5. Chief Administrative Officer of the Institution. (e.g. Principal, President, Director…etc.)**

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

Email Address

**6. Chief Academic Officer of the Institution. (e.g. Academic Dean, Provost, VP of Academic Affairs…etc.)**

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

**7. Accreditation Liaison Officer (ALO).** (Please Note: The CEO cannot serve as the ALO)

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|  |
| Name of Accreditation Liaison Officer **(Attach their Resume, Transcript[s] and a Copy of Academic Qualification[s])** |
|  |
| Street Address Postal Address |
|  |
| Telephone Number Telefax Number |
|  |

Email

**SECTION 1-B - PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**1. Has the Institution started an *Institutional Recognition* process with another recognized accrediting body/agency? [ ] YES [ ] NO**

If YES please list the following formation:

Date Applied

|  |
| --- |
| Name of Accreditation Body/Agency |

**2. Will the Institution make an application for *Institutional Recognition* s with another recognized accrediting body/agency at the same time or subsequently after applying for Institutional Recognition Status with NAECOB? [ ] YES [ ] NO**

If YES please list the following formation:

|  |
| --- |
| Name of Accreditation Body/Agency |

**3. Has the Institution ever achieved *Institutional Recognition* status before with another recognized accrediting body/agency? [ ] YES [ ] NO**

If YES please list the following formation:

Date Scheduled for Next Team Visit

|  |
| --- |
| Name of Accreditation Body/Agency |
| Address of Accreditation Body/Agency |
| Date of Initial Accreditation |

List all programmes with the accompanying information that have been recognized. . (*Attach separately if necessary*)

* Programme
* Accrediting Body
* Date of Initial Recognition
* Date of Last Review
* Current Status

**4. Has the Institution ever had an application for *Institutional Recognition* denied?**

**[ ] YES [ ] NO**

If YES please list the following formation:

Date Denied

|  |
| --- |
| Name of Accreditation Body/Agency |

**5.** **Has the Institution ever had their approved *Institutional Recognition* status revoked?**

**[ ] YES [ ] NO**

If YES please list the following formation:

Date Revoked

|  |
| --- |
| Name of Accreditation Body/Agency |

**9. Has the Institution employed a consultant for assistance as it proceeds through the *Institutional Recognition* status process? [ ] YES [ ] NO**

If YES, please provide a copy of the consultant’s resume with this application.

Date of Initial Hire

|  |
| --- |
| Name of Consultant **(Attach their Resume, Transcript[s] and a Copy of Academic Qualification[s])** |
| Name of Consultant’s/Consulting Company |
| Address of Consultant’s/Consulting Company |

**6. 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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*6a. If you checked ‘Sole Proprietorship’ please provide the following information:*

|  |
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|  |
| Legal Name of Sole Proprietor |
|  |
| Title of Sole Proprietor |
|  |
| Street Address Postal Address |
|  |
| Telephone Number Telefax Number |
|  |

Email Address

*6b. If you checked ‘Privately Held Business Corporation’ please provide the following information:*

* List the exact ownership structure
* Ownership structure percentage breakdown
* Include all subsidiaries levels
* Description of all forms of ownership tied to the institution (individuals, partnerships...etc.)
* Provide the name and title of all corporate officers

*6c. If you checked ‘Non-Profit Organization’ please provide the following information:*

* Provide proof that the institution has been officially recognized by appropriate agency in their jurisdiction as a Non-Profit Organization.
* Name and title of all Board Members; identify if they are a voting member.

*6d. If you checked ‘Publicly Held Business Corporation’ please provide the following information:*

* List the exact ownership structure
* Ownership structure percentage breakdown
* Include all subsidiaries levels
* Description of all forms of ownership tied to the institution (individuals, partnerships...etc.)
* Provide the name and title of all corporate officers; identify if they are a voting member.
* Is it traded on the stock exchange? If so which one(s)?

*6e. If you checked ‘Religious’, ‘Limited Liability Partnership Company’, ‘Limited Partnership Company’, or ‘Other’, please explain below:*

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**6. 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)

**7. Have any owners, administrators, or governing board members of the institution currently facing impending criminal investigations or have been convicted of a crime before? [ ] YES [ ] NO**

If YES, describe the pending litigation.

**8. Have any owners, administrators, or governing board members of the institution ever been convicted of a crime before? [ ] YES [ ] NO**

If YES, describe the past litigation.

**9. Have any owners been formerly associated with an institution during a period of employment or affiliation when the institution was denied or lost their accreditation?**

**[ ] YES [ ] NO**

If YES, please explain.

**10. Have any owners been formerly associated with an institution during a period of employment or affiliation that closed or entered into bankruptcy? [ ] YES [ ] NO**

If YES, please explain.

**11. Are there any legislation pending for or against the Institution? [ ] YES [ ] NO**

If YES, describe the pending litigation.

**12. Has the Institution had its accreditation status or licensure suspended or terminated? [ ] YES [ ] NO.**

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

**13. Branch/Satellite campuses must have the same owner as the Institutions main campus. The Branch/Satellite campus should bear the same name of the main campus.** List all Branch/Satellite campuses.

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

Email Address

**14. Any partnership(s) between the Institution and another Institution or business entity in an *Instructional Service Center* 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 Telefax Number |
|  |
| Website |
|  |

Email

**STANDARDS FOR INSTITUTIONAL RECOGNITION**

**STANDARD 1: MISSION AND GOALS** - Institution must have a clearly defined statement of the mission and purpose of the Institution. Include the vision, core values, and Institutional goals in regards to students, faculty, staff, community educational programs, technology, partnerships, infrastructure, funding activities, and other activities…etc. Provide a copy of the Institution’s mission statement that clearly defines its purpose of the Institution, which it serves and what it intends to accomplish in the field of education.

**STANDARD 2: INSTITUTIONAL GOVERNANCE AND ADMINISTRATION -** The Institution must 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. Governance policies must clearly define the selection process, policy development and review process, decision-making roles and responsibilities assignments, and remuneration, if any, associated with board members.

**STANDARD 3: EDUCATIONAL PROGRAMMES** – The Institution must have clearly defined objectives, evidence-based content, and academic rigor in the educational programmes offerings and congruent with the Institution’s mission and goals. Educational programme standards are reviewed under the following sub-standards: (i) Programme Mission and Goals, (ii) Programme Governance and Administration, (iii) Academic Programme Resources and Support, (iv) Programme Effectiveness, and (v) Quality Assurance and Enhancement.

**STANDARD 4: LEARNING RESOURCES** - The Institution must own or have access to sufficient learning resources, services, infrastructures, and technologies to adequately support the proposed educational programmes and reflect the capacity to support Institutional mission and goals.

**STANDARD 5: PHYSICAL RESOURCES & INFRASTRUCTURE** - The Institution must demonstrate that it has adequate accommodation in terms of space, physical facilities, lighting, and safety provisions. Present a thorough description of physical facilities available that are in support of the Institutions missions and goals. Master plan of facilities, workplace safety information, Occupational Safety and Health Administration (OSHA) compliance or a similar entity...etc.

**STANDARD 6: HUMAN RESOURCES** - The Institution has sufficient instructional, administrative, and support staff with the requisite qualifications and experience appropriate for their tasks that fulfills the Institution’s mission and goals.

**STANDARD7: FINANCIAL RESOURCES** – The Institution must present a financial plan for at least 3-years, including future budget projections. Present the Institution’s two (2) most recent independently audited financial statements in the support of the Institution missions and goals outlined. Assess and evaluate the efficiency and effectiveness of how Institutional resources are used in support of the mission**.**

**STANDARD 8: STUDENT SERVICES & CO-CURRICULAR ACTIVITIES -** The Institution must present evidence based data and information on the student population that highlights how the Institution’s mission and goals supports their student body through academic services and co-curricular activities from the point of enrolment to graduation, as well as with alumni services.

**STANDARD 9: STRATEGIC PLAN & INSTITUTIONAL EFFECTIVENESS** – The Institution must have a comprehensive Institutional-wide strategic plan linked to mission that outlines all ongoing organizational management activities based on Institutional mission and goals. Include operational plans at all units/departments, as well as academic, financial, and other quality assurance plans. Assessment and evaluation activities for Institution effectiveness should also be outlined.

**STANDARD 10 PROGRAMME & INSTITUTIONAL OUTCOMES REPORT (ANNUAL REPORT)** – The Institution must submit a comprehensive annual report outlining evidence-based data and information concerning programme and Institutional data, organizational activities, and financial performance from the preceding year.

**CHECKLIST FOR INSTITUTIONAL RECOGNITION**

**PLEASE PROVIDE THE FOLLOWING WITH THE SUBMISSION OF THIS APPLICATION:**

**SECTION ONE:** Institution must currently be licensed to operate and hold full accreditation status from an international and/or regional accreditation body(s) recognized in The Bahamas.

**Copy of Full Accreditation Status Document and Copy of Business License.**

Proof of current accreditation status is provided.

The Institution has the legal authorization by the respective licensing agency in their jurisdiction to

operate; they must be in operation for at least one (1) year.

**SECTION TWO:** Institutions applying for Institutional Recognition must be able to provide ALL exhibits associated with The Ten Standards of NAECOB:

**STANDARD 1 EXHIBITS: Mission, Vision and Goals**

The Institution has a mission statement.

The Institution has a vision statement.

The Institution has organizational goals that are linked to its mission and vision statements.

**STANDARD 2 EXHIBITS: Institutional Governance and Administration**

The Institution has been under the same ownership, at the same location (main campus) for at least

one year of continuous operation.

The Institution has a clearly defined structure of governance which is the final authority with respect to

the formulation and implementation of policies that govern the Institution.

The Institution has a Chief Administrative Officer.

The Institution has a Chief Academic Officer.

The Institution has an Accreditation Liaison Officer.

**STANDARD 3 EXHIBITS: Educational Programmes**

Recent catalog is provided that outlines academic programme offerings, courses descriptions, and

associated policies and procedures.

The Institution offers Post-Secondary Education Programmes where the student will graduate with at

least a one-year diploma in an economically viable discipline.

The Institution has fair admissions policies and procedures that are aligned with best practices and

benchmarks in higher education.

The Institution has completed at least one graduation exercise from a cohort with the longest offered

programme major at the time of application.

**STANDARD 4 EXHIBITS: Learning Resources**

The Institution has the necessary learning resources in support of instructional staff, administrative

staff, students and other related stakeholders in the teaching and learning environment.

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| --- |
|  |
| Name of Electronic Library Provider |
|  |
| Name of Learning Management System (LMS) Provides |

**STANDARD 5 EXHIBITS: Physical Resources & Infrastructure**

The Institution has the physical space and infrastructure as well as demonstrates efficient management of their facilities in support of the teaching and learning environment. *Attach floor plans for all that applies:*

* Main Campus
* Branch Campus (es) –if applicable:
* Instructional Service Center(s)–if applicable:

The Institution has the appropriate systems, facilities, equipment, technologies, and other tangible resources in support of the educational programmes offered.

**STANDARD 6 EXHIBITS: Human Resources**

The Institution has full time (FT) on-site administrative and support staff in the respective

department/unit with the requisite qualifications and experience.

The Institution must have full time (FT) on-site administrative and support staff employed for at least six

(6) months prior to submitting an application.

The Institution has sufficient qualified and experienced faculty assigned accordingly to support the

delivery of educational programmes.

The Institution has related handbook, forms, and manuals that outline code of conduct and associated

policies or instructional staff and administrative staff.

**STANDARD 7 EXHIBITS: Financial Resources**

The Institution has sufficient financial resources in support of its academic and administrative operations.

The Institution demonstrates financial stability by providing externally audited financial statements of at

least one-year.

**STANDARD 8 EXHIBITS: Student Services & Co-Curricular Activities**

The Institution has the necessary student services in place to support the educational programmes and

co-curricular activities of its student population.

The Institution has related handbook, forms, and manuals that outline code of conduct and associated

policies for students.

**STANDARD 9 EXHIBITS: Strategic Planning & Institutional Effectiveness**

The Institution has a developed strategic plan for the continued educational, physical, and financial

growth of the Institution; the plan should map at least three (3) years of activities.

**STANDARD 10 EXHIBITS: Programme & Institutional Outcomes Report (Annual Report)**

The Institution is able to submit an annual report demonstrating at least one year of operational data

and outcomes.

**DECLARATION**

* The undersigned formally declares our intent to seek *Institutional Recognition* from The National Accreditation & Equivalency Council of The Bahamas (NAECOB) and requests the review of our Application for *Institutional Recognition* and accompanying documents as the initial steps in this process.
* The undersigned understand that no affiliation is formed between the Institution and NAECOB based on their submission of the Application for *Institutional Recognition.*
* The undersigned understand that an Institution is not allowed to make any public statement about the status of its Application for Institutional *Recognition* submission other than the approved and exact statement outlined by NAECOB.
* The undersigned understand that the decision as to whether the Institution qualifies for *Institutional Recognition* 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 *Institutional Recognition* and accompanying documents on behalf of [***Institution’s name*]**. I/We hereby also declare that all the information contained in this Application for *Institutional Recognition* 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:**

**Dr. Iva Dahl, Executive Director**

***National Accreditation and Equivalency***

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

**RND Plaza West**

**John F. Kennedy Drive**

**P.O. Box N-3913**

**Nassau, The Bahamas**

**Telephone: 328-8872/3**

**Email:** [**info@naecob.org**](mailto:info@naecob.org)