**APPLICATION FOR ASSESSMENT OF CREDENTIALS**

**INSTRUCTIONS AND GUIDELINES**

The National Accreditation and Equivalency Council of The Bahamas (NAECOB) has responsibility for the verification and evaluation of educational qualifications to determine equivalencies. Applicants requesting evaluation of qualifications will receive a basic report. This report will describe each credential submitted and give the national and/or international equivalencies for each.

**GUIDELINES**

1. Eachcompleted application **MUST** be accompanied by the following supporting documents:

* **Official transcript(s) mailed from the institution or in sealed and stamped envelope from the Institution.**
* **Clear, certified photocopies of degrees, diplomas, academic certificates, etc. issued by institutions attended and/or awarding bodies.** (Documents must be certified by a Justice of the Peace (JP) or Notary Public.)
* **Course syllabus, inclusive of course description for all credentials requesting to be evaluated, where applicable.**
* **Any portfolio of relevant professional experiences where applicable.**
* **Certified translation of all foreign documents that are not in English (NB: certified photocopies of both the original document issued and the translation are required).**

1. NAECOB will retain a record of the application, supporting documents and evaluation report(s) for a **maximum** of one (1) year.
2. An application may be submitted on behalf of applicant **only** if accompanied by a signed authorization letter from applicant.
3. Completed application form **must** be signed and dated.

**ASSESSMENT FEES**

* The fees outlined apply to **EACH** document submitted for review. (Each certificate/diploma/degree.)
* Fees are to be paid in **Bahamian Dollars (BSD)** or **United States Dollar** (**USD) currency** only.
* Fees are **NON-REFUNDABLE** except in the case of overpayment.
* Payment options:
  1. In office, **CASH** payment (BSD or USD only)
  2. **DIRECT DEPOSIT**, to **The National Accreditation & Equivalency Council of The Bahamas, Bank of The Bahamas, Harold Road Branch, Account #122 0000 199**. If paying by direct deposit, **the deposit slip must reference your name**. Attach a copy of your deposit slip to this form.
* Fees are **subject to change**.

**Local Credentials**

|  |  |
| --- | --- |
| **Fee Information** | **Local Credentials** |
| Standard 10-days Assessment Fee | $10.00 |
| 5-day Assessment Fee | $20.00 |
| Duplicate Report Fee | $5.00 (each) |

**\*\*Note: Applicants outside of New Providence are not eligible for the five (5) day assessment option.**

**Foreign Credentials**

|  |  |
| --- | --- |
| **Fee Information for documents by Place of Origin** | **Processing Fee**  **per document** |
| United States | $40.00 |
| Canada, UK, Europe & All Others | $50.00 |
| Duplicate Report Fee | $10.00 (each) |

**SUBMISSION OF APPLICATION**

Applications with supporting documents and required fee(s) may be couriered (with pre-paid return delivery) or delivered in person to:

***The National Accreditation and Equivalency***

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

**JFK Plaza, John F. Kennedy Drive**

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

**Nassau, The Bahamas**

Telephone: 328-8872/3

Fax: 242-328-8995

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

**SECTION 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | |
| **Name**:    (First) (Middle) (Last) | | | | |
| **Maiden Name/Former Name** | | | | |
| **Date of Birth**:  (Day/Month/Year) | | | **Place of Birth:**  (City, Country) | |
| **Gender:**  [ ] Male [ ] Female | | | **Marital Status:**  [ ] Single [ ] Married  [ ] Divorced [ ] Widowed | |
| **Address:**  (Street Address) (Postal Address) | | | | |
| **Home Phone:** | **Work Phone:** | | | **Mobile Phone:** |
| **Occupation:** | | | | |
| **Employer:** | | | | |
| **Email Address:** | | | | |
| **TYPE OF IDENTIFICATION** | | | | |
| **Driver’s License #:** | | **National Voters’ ID #:** | | |
| **Passport #:** | | **Other** (specify): | | |

|  |  |  |
| --- | --- | --- |
| **APPLICATION TYPE** | [ ] **Initial Application** | [ ] **Duplicate Report** |

|  |  |  |  |
| --- | --- | --- | --- |
| **PURPOSE OF ASSESSMENT** (Please check all that apply) | | | |
| **Employment**  [ ] Public Sector  [ ] Private Sector | **Education** [ ] Public Sector  [ ] Private Sector | **Job Advancement**  [ ] Public Sector  [ ] Private Sector | **Other** (specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION 2**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ACADEMIC QUALIFICATIONS** | | | | | | |
| **DOCUMENT TYPE**  (Transcript, Certificate, Diploma, Degree, Other) | | **QUALIFICATION**  (Name of Course(s), Certificate, Diploma, or Degree…etc.) | **DATE OF AWARD** | | | **AWARDING INSTITUTION**  (Include Physical and Web Address of Institution) |
|  | |  |  | | |  |
| **MODE OF STUDY** (Please check all that apply) | | | | | | |
|  | Full-Time (face-to-face) | | |  | Part-Time (online) | |
|  | Part-Time (face-to-face) | | |  | Blended Learning (face-to-face and online) | |
|  | Full-Time (online) | | |  | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**What were the General Entry Requirements for the above listed programme(s)?**

* *Minimum Age Requirement:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* *Academic Qualification:* [ ] High School Diploma [ ] Placement Exam [ ] Other (Please Specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* *Grade Point Average (GPA) on a 4.0 Scale*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Has any of the listed programme(s) above been previously evaluated?** [ ] YES [ ] NO  If **NO,** skip (Section 3) and continue to ‘Statement of Confirmation’. If **YES**, please complete all remaining sections. |

**SECTION 3**

|  |  |  |
| --- | --- | --- |
| **PRIOR PROGRAMME ASSESSMENT** | | |
| **Name of Credential Assessment Agency:** |  | |
| **Address of Credential Assessment Agency:** |  | |
| **Website of Credential Assessment Agency:** |  | |
| **DOCUMENT TYPE**  (Transcript, Certificate, Diploma, Degree, Other) | **QUALIFICATIONS**  (Name of Course(s), Certificate, Diploma, or Degree…etc.) | **DATE CREDENTIALS ASSESSED** (mm/dd/yyyy) |
|  |  |  |

**STATEMENT OF CONFIRMATION**

Please indicate the supporting document(s) attached.

* Official Transcript(s)
* Academic Certificate, Diploma or Degree relevant to application
* Certified Photocopy of Certificate, Diploma or Degree relevant to application
* Course syllabus, inclusive of course description for all credentials requesting to be evaluated.
* Portfolio(s) of relevant experience(s) if applicable.
* Assessment Fee
* Cover Page

I confirm that to the best of my knowledge all the information provided in this document is true and accurate. I understand that all documentation filed in support of the application become the property of NAECOB. The documentation will not be copied for or returned to the applicant.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant Date** (dd/mm/yyyy)

|  |  |
| --- | --- |
| **FOR OFFICIAL USE ONLY** | |
| Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Receipt #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Evaluation Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of NAECOB representative**  **Date (dd/mm/yyyy)** | |