

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. Each completed 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).

2. NAECOB will retain a record of the application, supporting documents and evaluation report(s) for a **maximum** of one (1) year.
3. An application may be submitted on behalf of applicant **only** if accompanied by a signed authorization letter from applicant.
4. 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

SECTION 1

PERSONAL INFORMATION		
Name: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> (First) (Middle) (Last) </div>		
Maiden Name/Former Name		
Date of Birth: <div style="text-align: center; margin-top: 10px;">(Day/Month/Year)</div>	Place of Birth: <div style="text-align: center; margin-top: 10px;">(City, Country)</div>	
Gender: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Male <input type="checkbox"/> Female </div>	Marital Status: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div> <input type="checkbox"/> Single <input type="checkbox"/> Divorced </div> <div> <input type="checkbox"/> Married <input type="checkbox"/> Widowed </div> </div>	
Address: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> (Street Address) (Postal Address) </div>		
Home Phone:	Work Phone:	Mobile Phone:
Occupation:		
Employer:		
Email Address:		
TYPE OF IDENTIFICATION		
Driver's License #:	National Voters' ID #:	
Passport #:	Other (specify):	

APPLICATION TYPE	<input type="checkbox"/> Initial Application	<input type="checkbox"/> Duplicate Report
-------------------------	-----------------------------------------------------	--------------------------------------------------

PURPOSE OF ASSESSMENT (Please check all that apply)			
Employment <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector	Education <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector	Job Advancement <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector	Other (specify): <hr/> <hr/>

SECTION 2

ACADEMIC QUALIFICATIONS

MODE OF STUDY (Please check all that apply)

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)