



**NAECOB**

NATIONAL ACCREDITATION AND  
EQUIVALENCY COUNCIL OF THE BAHAMAS

# ACCREDITATION MANUAL

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## *Preamble*

*It is an 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.*

# CONTENTS

<b>ABOUT NAECOB</b>	<b>6</b>
Brief History of NAECOB	6
Mission, Vision & Philosophy	6
Organizational Goals	7
Quality Assurance Units Of NAECOB	8
Quality Assurance Functions Of NAECOB	9
Quality Assurance Network Affiliations	10
<b>ACCREDITATION</b>	<b>11</b>
What Is Accreditation?	11
The Importance Of Accreditation	11
Institutional Accreditation vs. Programme Accreditation	11
The Accreditation Liaison Officer	12
Accreditation Candidacy	12
Criteria For Institutional Accreditation Candidacy	12
Criteria For Programme Accreditation Candidacy	13
Voluntary Withdrawal From The Accreditation Candidacy Process	14
<b>FOUR PHASES OF THE EVALUATION PROCESS FOR ACCREDITATION</b>	<b>15</b>
Phase 1: The Eligibility Phase	15
Phase 2: The Applicant Institution Phase	15
Phase 3: The Candidate Institution Phase	16
Phase 4: The Accredited Institution Phase	16
<b>TIMELINE ASSOCIATED WITH THE ACCREDITATION PROCESS</b>	<b>17</b>
Timeline: The Eligibility Phase	17
Timeline: The Applicant Institution Phase	17
Timeline: The Candidate Institution Phase	17
Timeline: The Accredited Institution Phase	17
<b>ELIGIBILITY</b>	<b>18</b>
Meaning Of Eligibility	18
Who Is Eligible To Apply For Accreditation?	18
Advisory Visit	18
Decision On Eligibility	18
<b>ACCREDITATION STANDARDS</b>	<b>19</b>
Institutional Accreditation Standards	19
Programme Accreditation Standards	20
What Public Statements Concerning An Institutions Accreditation Status Is Allowed To Be Made?	22

# CONTENTS

<b>THE SELF-STUDY REPORT</b>	<b>23</b>
What Is The Self-Study Report?	23
Self-Study Steering Committee	23
Institutions That Are Granted Candidacy Status	23
From Candidacy Status To Accredited Status	23
The Self-Study Report Format	24
Documentation Roadmap Of Self-Study Report	25
Submitting The Final Self-Study Report	45
 <b>ON-SITE VISIT BY PEER-REVIEW EVALUATORS</b>	 <b>45</b>
What is the purpose of an On-Site Visit?	45
Who Are Peer Review Evaluators?	45
Conflict Of Interest Policy For Peer-Review Evaluators	45
Who Makes Up The Peer-Review Evaluation Team?	46
When Are On-Sites Visits Scheduled?	47
How Are On-Site Visits Scheduled?	47
How Long Do On-Site Visits Last?	47
What Does The Institution Need To Do To Prepare For An On-Site Visit?	47
Timelines And Deadlines Associated With On-Site Visits	48
How Many Persons Are Assigned To An On-Site Visiting Team?	48
What Takes Place During An On-Site Visit?	48
On-Site Visit Schedule Of Activities	49
The On-Site Visit Interview	50
The On-Site Visitation Report	50
The Institutional Response	50
Actions on Institutional Response Submissions	50
 <b>ACCREDITATION DECISIONS AND ACTIONS</b>	 <b>51</b>
Accreditation Actions: Granted, Denied & Deferred	51
Accreditation Sanctions: Warning, Probation & Revocation	51
Reaffirmation of Accreditation	51
 <b>SUBSTANTIVE CHANGES</b>	 <b>53</b>
What Are Substantive Changes?	53
When Should An Institution Notify NAECOB About A Substantive Change?	54
Actions on Substantive Change Requests	54
 <b>COSTS ASSOCIATED WITH THE ACCREDITATION PROCESS</b>	 <b>55</b>
Eligibility Phase Fees	55
Applicant Institution Phase Fees	55
Candidate Institution Phase Fees	56
Accredited Institution Phase Fees	56
Accredited Institutions Annual Dues	56
Other Fees	57
 <b>GLOSSARY OF TERMS</b>	 <b>59</b>

# **ABOUT NAECOB**

## **Brief History of NAECOB**

The National Accreditation and Equivalency Council (NAECOB) is a statutory body established under the National Accreditation and Equivalency Act of The Bahamas on 4th October 2006; assented 29th December, 2006 and came into force 28th February, 2007. NAECOB is responsible for registering and accrediting primary schools, secondary schools, post-secondary / tertiary schools, and any institution that offers training in The Bahamas. The National Accreditation and Equivalency Council of The Bahamas began operation in 2016.

## **Mission Statement**

NAECOB is committed to providing quality assurance and a platform for shared values and practices, through a process of self-evaluation and peer review to address the needs of students and the society.

## **Vision Statement**

To be a model quality assurance body that ensures that all registered Institutions and providers of education are accredited as a result of meeting established regulations and having a continuous quality enhancement plan.

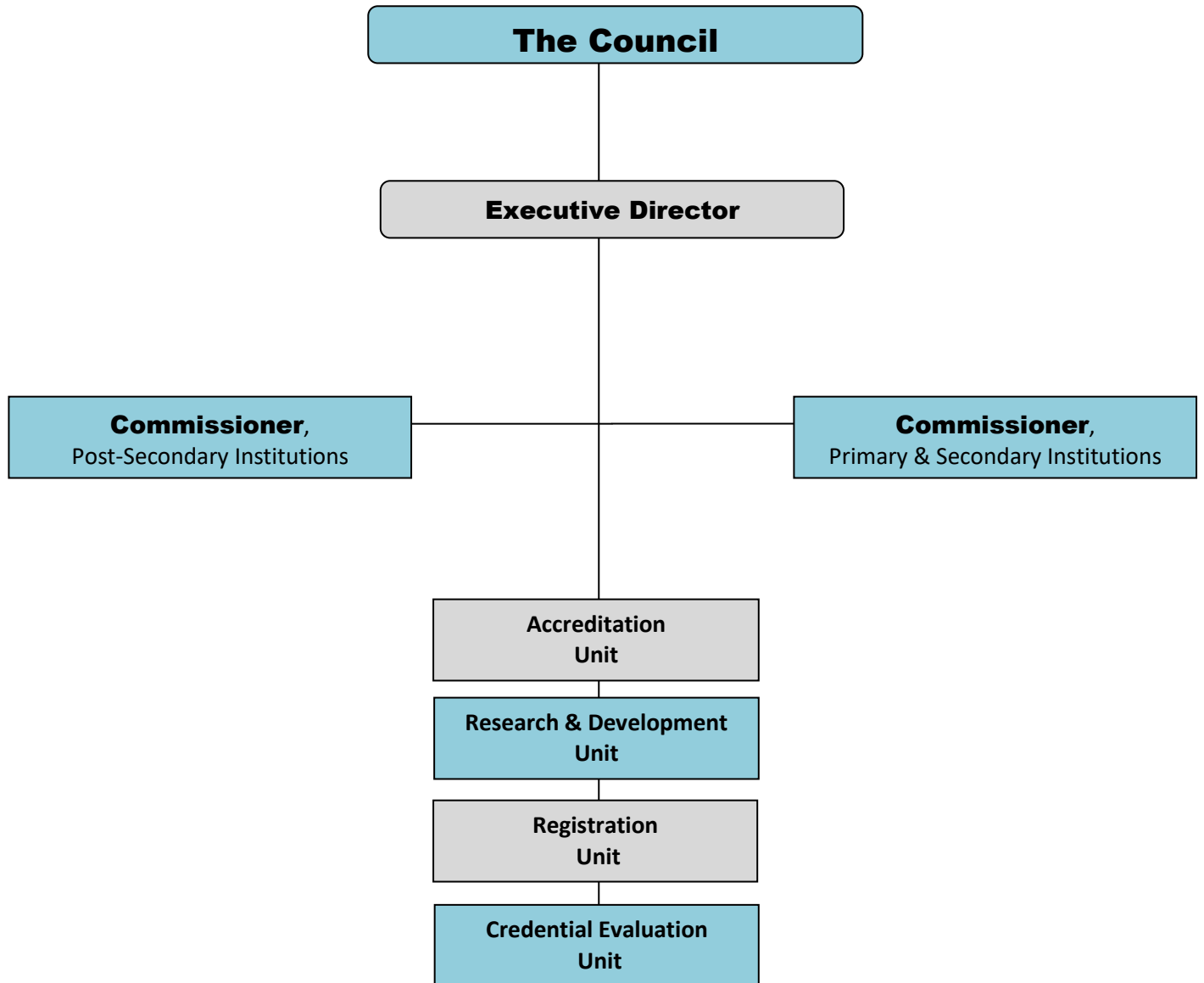
## **Philosophy**

NAECOB is committed through its principles and philosophy to provide the public with affirmation of institutions offering effective programmes and services based on agreed regulations. Institutions are expected to create an environment in which instruction, student engagement, learning, evaluation of student competencies, public service, and research occur. Accreditation allows for self-governance which in turn permits Institutions to also employ continuous improvement strategies in order to achieve their goals for quality education. Through the process of accreditation, assessment of effectiveness in fulfilling its mission, adherence to set regulations, enhancement in quality of learning, programmes and services offered is revealed. This process calls for integrity, adherence to regulations, documentation and informed judgment.

# ORGANIZATIONAL GOALS

1. To uphold the Ministry of Education's philosophy for improving the quality of education in The Bahamas to comparable international levels.
2. To advance the mission and vision of NAECOB through quality assurance network partnerships, affiliations, and agreements.
3. To promote open communication and awareness concerning the value of accreditation to institutions and the public.
4. To ensure that the programmes and resources provided by institutions and providers of education are diverse, innovative, and relevant to success in graduation and employment in the 21st century.
5. To ensure that there are quality assurance mechanisms in place to hold institutions and providers of education accountable to established standards.
6. To provide prescriptive and instructive guidance that supports institutions throughout the entirety of the accreditation process.
7. To perform continuous cross-unit planning and data analysis that informs and strengthens NAECOB's operational processes.
8. To continuously integrate relevant technologies and infrastructure that support the efficient execution of NAECOB's operational processes.
9. To provide continuous professional development, skills training and learning opportunities for NAECOB's team members.
10. To provide information sessions, events, workshops, publications, and paraphernalia, concerning education and accreditation.

# QUALITY ASSURANCE UNITS OF NAECOB



# QUALITY ASSURANCE FUNCTIONS OF NAECOB

QUALITY ASSURANCE AREAS	BRIEF DESCRIPTION
<b>Registration of Post-Secondary Institutions</b>	The formal pathway for <b>Registration of Post-Secondary Institutions</b> . NAECOB's criteria, standards, and guidelines for <u>Registration Status</u> must be met.
<b>Registration of Primary &amp; Secondary Institutions</b>	The formal pathway for <b>Registration of Primary &amp; Secondary Institutions</b> . NAECOB's criteria, standards, and guidelines for <u>Registration Status</u> must be met.
<b>Accreditation of Post-Secondary Institutions</b>	The formal pathway for <b>Accreditation of Post-Secondary Institutions</b> . NAECOB's criteria, standards, and guidelines for <u>Accreditation Status</u> must be met.
<b>Accreditation of Primary &amp; Secondary Institutions</b>	The formal pathway for <b>Accreditation of Primary &amp; Secondary Institutions</b> . NAECOB's criteria, standards, and guidelines for <u>Accreditation Status</u> must be met.
<b>New Programme Approval</b>	The formal pathway for <b>New Programme Approval</b> for Institutions that are already <u>Registered, Accredited</u> or <u>Recognized</u> by NAECOB and would like to add new programme(s) to their academic offering. NAECOB's criteria, standards, and guidelines for New Programme Approval must be met.
<b>Institutional Recognition</b>	The formal pathway for <b>Institutional Recognition</b> for <i>Non-Bahamian Institutions</i> that are already <b>Fully Accredited</b> by an international or regional accreditation body recognized in The Bahamas. NAECOB's criteria, standards, and guidelines for <u>Institutional Recognition</u> must be met.
<b>Credential Evaluation</b>	The formal pathway for <b>The Evaluation And Verification to determine Educational Qualifications and Equivalencies</b> . Applicants requesting evaluation of qualifications will receive a basic report. This report will describe each credential submitted and for each credential, give the national and/or international equivalence.

# QUALITY ASSURANCE NETWORK AFFILIATIONS

In an effort to advance our mission and vision, NAECOB has developed agreements, partnerships, and affiliations with the following quality assurance networks:

Name of Quality Assurance Network	Overview about Quality Assurance Network
<b>The International Network for Quality Assurance Agencies in Higher Education (INQAAHE)</b>	The International Network for Quality Assurance Agencies in Higher Education (INQAAHE) is a world-wide association of over 200 organisations active in the theory and practice of quality assurance in higher education.
<b>Council for Higher Education Accreditation (CHEA)</b>	The Council for Higher Education Accreditation (CHEA) is a United States based organization of degree-granting colleges and universities. It identifies its purpose as providing national advocacy for self-regulation of academic quality through accreditation in order to certify the quality of higher education accrediting organizations, including regional, faith-based, private, career, and programmatic accrediting organizations.

# ACCREDITATION

## What is Accreditation?

Accreditation is a means for systematizing, evaluating and maintaining academic standards for integrity and educational quality. It is a quality assurance review process that requires an institution to demonstrate its compliance to the accreditation criteria and standards established by The National Accreditation & Equivalency Council of The Bahamas (NAECOB) and peers from other recognized quality assurance bodies, networks, and agencies. After initial accreditation is achieved, an institution must be continuously dedicated to upholding educational standards, best practices, and benchmarks, to remain credible and reputable in the education industry.

## Importance of Accreditation

- It helps students to determine if the programme offerings at an institution are relevant and credible in their jurisdiction; preventing students from investing their funds in academic programmes that are not viable in the marketplace.
- Educational institutions that facilitate transfer credit processes require credits to come from other accredited institutions.
- It helps employers to determine if a job applicant's academic qualification is from an accredited institution whose programme offerings and institutional operations are in compliance with industry standards.
- Employers who offer tuition assistance invest in sending their employees to accredited institutions whose programme offerings and institutional operations are in compliance with industry standards.
- Governments and Not-For Profit institutions who issue grants and funds in support of educational pursuit target institutions whose programme offerings and institutional operations are in compliance with industry standards.

## Institutional Accreditation vs. Programme Accreditation

Institutional Accreditation – This is the quality assurance review process of the applicant institution's organizational resources, processes and procedures in its entirety to determine its readiness and credibility in the field of education.

Programme Accreditation – This is the quality assurance review process of the applicant institution's academic programme offerings only, to determine its relevancy, readiness and credibility in their jurisdiction.

## The Accreditation Liaison Officer

The Accreditation Liaison Officer (ALO) is an appropriately qualified and experienced representative of the institution appointed by the Chief Executive Officer (CEO) that will be responsible for leading and managing the **Accreditation Candidacy** Process.

The ALO must:

- be a full-time employee who works on-site at the main campus.
- be the main point of contact with NAECOB officers.
- ensure communications, information sharing, and requests are carried out in a timely manner.

**Note:** The CEO cannot serve as the ALO.

## Accreditation Candidacy

Applying for *Accreditation Candidacy* is the required route towards accreditation of new and/or developing **registered** institutions that offer academic programmes in The Commonwealth of The Bahamas. Candidate institutions have a maximum of five (5) years from the point of candidacy in which to attain initial accredited status from NAECOB. The attainment of 'candidacy status' does not ensure that an institution will be accredited.

**Note:** there are separate applications for institutional accreditation candidacy and programme accreditation candidacy.

## Criteria for Institutional Accreditation Candidacy

Only those institutions holding registration status for a minimum of one (1) year are eligible to apply for candidacy. *Institutional Accreditation Candidacy* requires an institution to meet the following criteria:

1. The institution should have the legal authorization by the respective licensing agency in its jurisdiction to operate; must be in operation for at least one (1) year.
2. The institution must have been under the same ownership, at the same location (main campus) for at least one (1) year of continuous operation.
3. The institution must offer Post-Secondary education programmes where the student will graduate with at least an Associate Degree in an economically viable discipline.
4. The institution must have fair admissions policies and procedures that are aligned with best practices and benchmarks in higher education.
5. The institution should have completed at least one (1) graduation exercise from a cohort with the longest offered programme major at the time of application.
6. 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.

7. 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.
8. The institution must have sufficient qualified and experienced faculty assigned accordingly to support the delivery of educational programmes.
9. The institution must have the appropriate administrative systems, technologies, processes, and capabilities in support of the educational programmes offered.
10. 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.
11. The institution must have the physical space and demonstrate efficient management of its facilities in support of the teaching and learning environment.
12. The institution must have the necessary student services in place to support educational programmes and co-curricular activities of its student population.
13. The institution must have sufficient financial resources in support of its academic and administrative operations. Externally audited financial statements of at least one (1) year must be submitted.
14. 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.
15. 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.
16. The institution must be able to submit an annual report demonstrating at least one (1) year of operation data and outcomes.
17. The institution must agree to comply with all requirements of The National Accreditation & Equivalency Council of the Bahamas (NAECOB).

## Criteria for Programme Accreditation Candidacy

Only those institutions holding registration status for a minimum of one (1) year are eligible to apply. ***Programme Accreditation Candidacy requires an institution to meet the following criteria:***

1. The institution must have authorization from the relevant authority or governing body to offer the programme.
2. The programme is consistent with the institution's stated mission and educational goals.
3. The institution has a system for internal programme approval, review, and monitoring.
4. There is a detailed programme specification developed.

5. The institution's resources adequately support its education programme offering. The institution must have sufficient financial resources in support of its academic and administrative operations. Externally audited financial statements of at least one (1) year must be submitted.
6. The institution must have been under the same ownership, at the same location (main campus) for at least one (1) year of continuous operation.
7. The institution must have fair admissions policies and procedures that are aligned with best practices and benchmarks in higher education.
8. The institution should have completed at least one (1) graduation exercise from a cohort with the longest offered programme major at the time of application.
9. 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.
10. The institution must have sufficient qualified and experienced faculty assigned accordingly to support the delivery of educational programme.
11. The institution must have the appropriate administrative systems, technologies, processes, and capabilities in support of the educational programme offered.
12. 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.
13. The institution must have the physical space and demonstrate efficient management of its facilities in support of the teaching and learning environment.
14. The institution must have the necessary student services in place to support educational programmes and co-curricular activities of its student population.
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 be able to submit an annual report demonstrating at least one (1) year of operation data and outcomes.
17. The institution must agree to comply with all requirements of The National Accreditation & Equivalency Council of the Bahamas (NAECOB).

## **Voluntary Withdrawal from the Accreditation Candidacy Process**

An institution may voluntarily withdraw its '*Application for Accreditation Candidacy*' from NAECOB through written notification at any point.

# The Four (4) Phases of the Evaluation Process for Accreditation

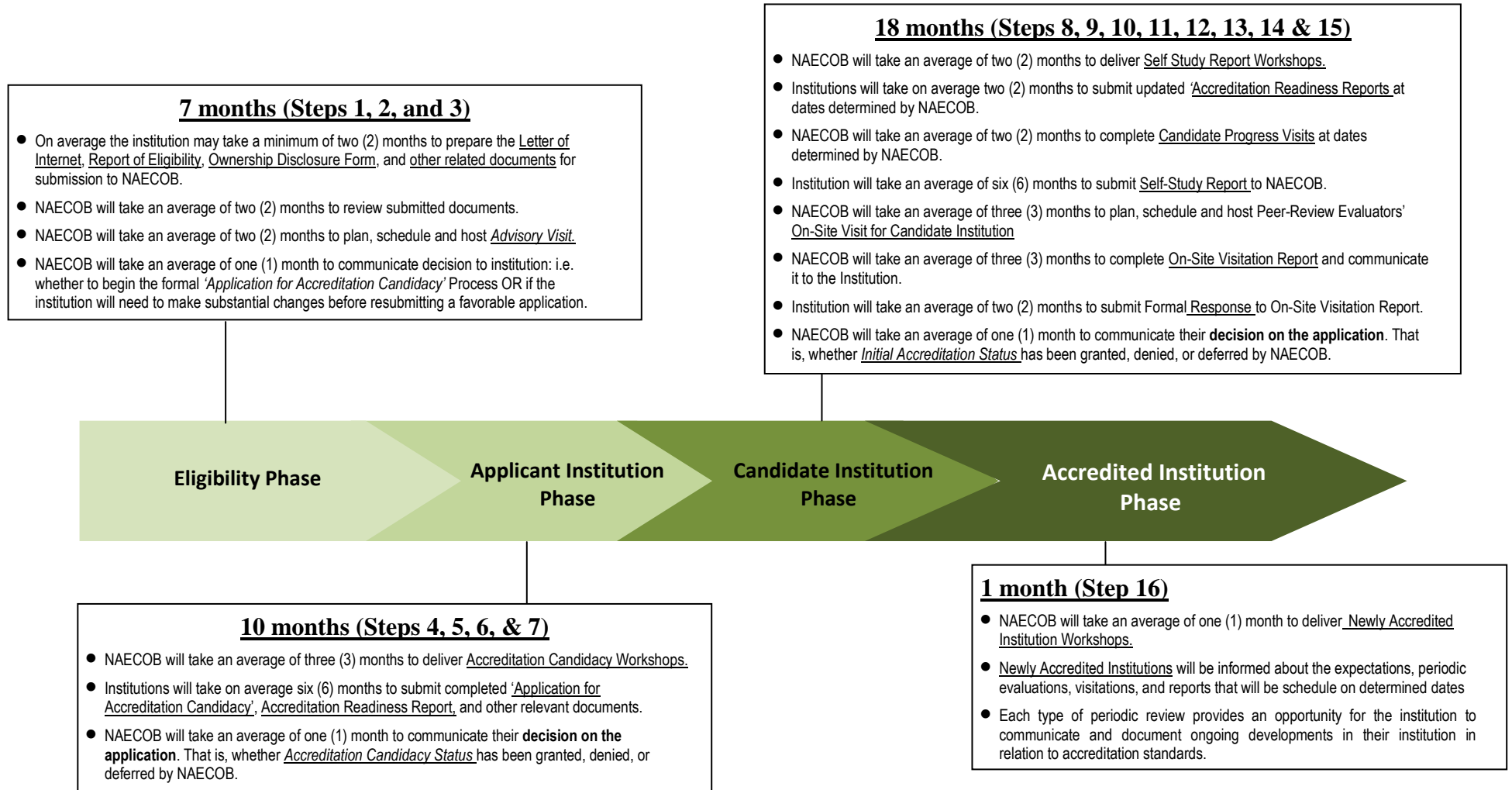
	ACCREDITATION STEPS
<b><u>PHASE 1:</u></b> <b>Eligibility Phase</b>	<ol style="list-style-type: none"> <li>1. <b>Registered Institution</b> submits 'LOI Package' (i.e. <u>Letter of Intent</u>, <u>Report of Eligibility</u>, <u>Ownership Disclosure Form</u>, and <u>Copy of the Institution's Business License</u>)</li> <li>2. Institution receives communication from NAECOB acknowledging submission. Institution acknowledges receipt of communication and information involving next steps.</li> <li>3. On review of the <u>Report of Eligibility</u>, an <b>Advisory Visit</b> will be requested to validate the contents of the report. There after the institution will be advised on whether to begin the formal '<i>Application for Accreditation Candidacy</i>' Process.</li> </ol>

	ACCREDITATION STEPS
<b><u>PHASE 2:</u></b> <b>Applicant Institution Phase</b>	<ol style="list-style-type: none"> <li>4. The institution is invited to begin formal '<i>Application for Accreditation Candidacy</i>' Process.</li> <li>5. The institution's <b>Accreditation Liaison Officer</b> attends NAECOB's <u>Accreditation Candidacy Workshops</u>.</li> <li>6. The institution submits completed '<i>Application for Accreditation Candidacy Form</i>' along with the <u>Accreditation Readiness Report</u>, and other accompanying documents.</li> <li>7. A decision is made on the <b>Applicant Institution's</b> submission as to whether <i>Accreditation Candidacy Status</i> has been granted, denied, or deferred by NAECOB.</li> </ol>

	ACCREDITATION STEPS
<p><b><u>PHASE 3:</u></b> <b>Candidate Institution Phase</b></p>	<p>8. <b>Candidate Institution's</b> Accreditation Liaison Officer's attends NAECOB's <u>Self-Study Report Workshops</u>.</p> <p>9. <b>Candidate Institution</b> submits updated <u>Accreditation Readiness Report(s)</u> on a date determined by NAECOB.</p> <p>10. <u>Candidate Progress Visits</u> by NAECOB Committee are scheduled for <b>Candidate Institution</b> on dates determined by NAECOB.</p> <p>11. <b>Candidate Institution</b> is invited to submit completed '<u>Self-Study Report</u>' along with accompanying documents.</p> <p>12. An <u>On-Site Visit</u> by peer-review evaluators will be scheduled for the <b>Candidate Institution</b> on a date(s) determined by NAECOB.</p> <p>13. <b>Candidate Institution's</b> <u>On-site Visitation Report</u> is completed by NAECOB and communicated to the institution.</p> <p>14. <b>Candidate Institution</b> prepares a formal response to the <u>Candidate Institution On-Site Visitation Report</u>, focusing primarily on compliance standards, violations and other areas of concern, if any.</p> <p>15. A decision is made on the <b>Candidate Institution's</b> submission after the <u>Self-Study Report</u>, the <u>Candidate Institution's On-Site Team Visitation Report</u> and the <u>Candidate Institution's Response</u> is verified and reviewed by NAECOB.</p> <p>The decision concerns whether <u>Initial Accreditation Status</u> has been granted, denied, or deferred by NAECOB.</p>
	ACCREDITATION STEPS
<p><b><u>PHASE 4:</u></b> <b>Accredited Institution Phase</b></p>	<p>16. Via meetings and workshops, the newly <b>Accredited Institution</b> is informed about the expectations, periodic evaluations, visitations, and reports that will be scheduled on dates determined by NAECOB.</p>

# Timeline Associated With the Accreditation Process

The timeline to begin and complete all four (4) phases in the Accreditation Process is mainly dependent on how prepared the Institution is. Well-equipped Institutions could complete the process within three (3) years on average, while unprepared institutions may take several years to reach full compliance with NAECOB standards. Illustrated below is the average **minimum** timeline of three (3) years:



# ELIGIBILITY

## Meaning of Eligibility

Eligibility refers to the documented evidence that an institution meets the preliminary and stipulated requirements to apply for Candidacy for Accreditation. **Note:** a submission of the *Report of Eligibility* does not guarantee that the institution will be granted permission to make a formal application for candidacy for accreditation, nor that its application for candidacy for accreditation will be successful, if granted. No affiliation is formed between the institution and NAECOB based on their submission of the *Report of Eligibility*.

## Who Is Eligible To Apply For Accreditation?

If a **registered** institution believes that it meets the Criteria for Candidacy and wishes to be considered for candidate status, its Chief Executive Officer (CEO) 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 CEO may submit the following to the Executive Director's office:

1. a **Letter Of Intent (LOI)** stating that the governing board has authorized the institution to seek affiliation with NAECOB
2. a **Report of Eligibility (ROE)** must be submitted to NAECOB outlining how the institution meets each of the *Criteria for Candidacy*.
3. **Ownership Disclosure Form**
4. **Copy of the Institution's Business License**
5. **Associated Fees**

## Advisory Visit

On review of the **Report of Eligibility**, an advisory visit will be requested by the Executive Director of NAECOB in consultation with its Council Members. The advisory site visit purpose is to verify and validate the information submitted by the institution in the *Report of Eligibility*. The available dates, times, and associated fees for the eligibility site visit will be communicated in the email as well.

## Decision on Eligibility

After the *Advisory Site Visit* findings are reviewed, the institution will be advised on whether to begin the formal '**Application for Accreditation Candidacy**' process or if there is a need to address key areas of compliance with institutional standards and/or programme standards before taking this next step.

# ACCREDITATION STANDARDS

## Institutional Accreditation Standards

### **STANDARD 1: MISSION, VISION AND GOALS**

The institution must have a clearly defined mission statement and vision statement. These statements should outline the institution's vision, core values, and institutional goals relative 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 the purpose of the institution and state 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 that is congruent with the institution's mission, vision and goals. Educational programme standards are reviewed under the following sub-standards: (i) Programme Mission, Vision 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, infrastructure, and technologies to adequately support the proposed educational programmes and reflect the capacity to support its institutional mission, vision 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 is in support of the institution's mission, vision and goals. Provide a 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, vision and goals.

**STANDARD 7: FINANCIAL RESOURCES**

The institution must present a financial plan for at least three (3) years, including future budget projections. Present the institution's two (2) most recent independently audited financial statements in the support of the institution's mission, vision and goals.

**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, vision and goals supports its student body through academic services and co-curricular activities from the point of enrolment to graduation, and with alumni services.

**STANDARD 9: STRATEGIC PLANNING AND INSTITUTIONAL EFFECTIVENESS**

The institution must have a comprehensive institutional-wide strategic plan linked to its mission, vision and goals that outlines all ongoing organizational management activities. Include the operational plans and quality assurance plans of all units/departments. Assessment and evaluation activities for institutional effectiveness should also be outlined.

**STANDARD 10: PROGRAMME & INSTITUTIONAL OUTCOMES (ANNUAL REPORT)**

The institution must submit a comprehensive annual report outlining evidence-based data and information concerning programme and the institutional data, organizational activities, and financial performance from the preceding year.

# **PROGRAMME ACCREDITATION STANDARDS**

## **STANDARD 1: PROGRAMME MISSION, VISION AND GOALS**

The institution must have a concise description about the purpose of the programme, its guiding principles and values. The description should highlight the philosophical position of the programme's goals, the stakeholders or audience the programme targets, what educational achievements and career paths are expected, and state how the training will contribute to the community or country as a whole. Programme goals should list the content of the programme specific to its parameters i.e. what students will understand (knowledge), apply (psychomotor skills) and appreciate (affective).

## **STANDARD 2: PROGRAMME GOVERNANCE AND ADMINISTRATION**

The institution must define the people, policies, and procedures associated with the planning, development, implementation, monitoring and evaluation of each academic programme. It should speak to the framework(s) in which programme development decisions are made and the quality assurance mechanisms that are in place to guide the governing and administration of each academic programme.

## **STANDARD 3: ACADEMIC PROGRAMME RESOURCES AND SUPPORT**

The institution must demonstrate that it has the necessary resources (physical, learning, human, and financial), infrastructure, and support to successfully deliver the programme's mission, vision and goals.

## **STANDARD 4: PROGRAMME EFFECTIVENESS**

The institution must present evidence-based data and information that proves market demand and relevancy for its academic programmes offered. The evidence to measure, monitor, and evaluate programme effectiveness throughout the planning and life-cycle of a given programme must be provided.

## **STANDARD 5: QUALITY ASSURANCE AND ENHANCEMENT**

The institution must have embedded quality enhancement policies and procedures throughout the life of the programme. The institution should provide evidence of measures that evaluate its programme resources and support mechanisms.

## What Public Statements Regarding Accreditation Status Are Allowed?

- i. An institution granted **Accreditation Candidacy status** must only use the following statement whenever it makes reference to its affiliation with NAECOB:

**[Institution's Name]** has been granted *Institutional or Programme Accreditation Candidacy* status by The National Accreditation & Equivalency Council of The Bahamas (NAECOB). The *Institutional Accreditation Candidacy* 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.

*Institutional or Programme Accreditation Candidacy* status solely indicates that the institution has currently satisfied one of the several steps in progressing towards being fully accredited by NAECOB.

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

*The National Accreditation and Equivalency  
Council of the Bahamas (NAECOB)*  
**JOHN F. KENNEDY DRIVE  
P.O. BOX N-3913  
NASSAU, THE BAHAMAS  
TELEPHONE: 328-8872/3**

- ii. An institution granted **Accreditation Status** must only use the following statement whenever it makes reference to its affiliation with NAECOB.

**[Institution's Name]** has been granted *Institutional or Programme Accreditation* status by The National Accreditation & Equivalency Council of The Bahamas (NAECOB).

*Accreditation* status indicates that the institution has satisfied several quality assurance standards outlined by NAECOB.

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

*The National Accreditation and Equivalency  
Council of the Bahamas (NAECOB)*  
**JOHN F. KENNEDY DRIVE  
P.O. BOX N-3913  
NASSAU, THE BAHAMAS  
TELEPHONE: 328-8872/3  
Email: [info@naecob.org](mailto:info@naecob.org)**

# THE SELF-STUDY REPORT

## What Is The Self-Study Report?

The *Self-Study Report* is the tool used to determine an institution's eligibility and readiness for accreditation. The institution performs a comprehensive introspective review of its internal and external operations that support its mission, vision and goals. This rigorous self-analysis of programmes, resources, policies, procedures and services, among other areas of evaluation, will determine its alignment with NAECOB's guidelines. It will also determine its compliance with regional and international standards in Higher Education.

## Self-Study Steering Committee

Registered institutions should begin mapping out their approach towards completing the self-study report at least two (2) to three (3) years before pursuing initial accreditation or reaccreditation. A core group of individuals, typically selected by the institution's CEO, who are familiar with key self-study report components, will constitute the Self-Study Steering Committee. This committee will carry out the early research and planning functions necessary for institutional accreditation readiness.

## Institutions that are Granted Candidacy Status

- *Applicant Institution* that successfully demonstrates readiness through its Accreditation Readiness Reports (ARR) will be granted **Candidate for Accreditation Status**.
- The **Accreditation Readiness Report** gauges how prepared and equipped the institution is to undertake the accreditation process. It highlights the resources it will need, if any, to ensure it has a favorable outcome.
- Updated Accreditation Readiness Reports and Candidate Progress Visits will be required once candidacy status has been granted. These reports will indicate any substantive changes, developments, and solutions implemented in areas highlighted in the initial ARR. **Note: The ARR does not serve as the Self-Study Report for Accreditation Status.**

## From Candidacy Status to Accreditation Status

The **evaluation for accreditation status** process will typically begin at the **end of the third (3<sup>rd</sup>) year** of candidate status. NAECOB will provide the institution with additional information, advice, resources, and support ahead of this process.

**Termination or loss of candidacy status** occurs if the institution does not attain accreditation status by the fourth (4<sup>th</sup>) year of candidacy and/or if the institution no longer meets the criteria for candidacy that it initially satisfied or if the institution violates any instructions or guidelines as outlined.

# Self-Study Report Format

The Self-Study report must be typed and should take the following format:

**Font Size: 12      Font-Type: Times New Roman      Spacing: Single Spacing**

- **Cover Page** – the standard cover page for self-study reports is available on NAECOB's web site
- **Preface** – this section should be written by the Chief Administrative Officer, inclusive of, but not limited to information on the approach and methodologies used in carrying out the self-study process (600 words or less)
- **List of Self-Study Steering Committee Members** – provide a list of the names, titles, and qualifications of the members making up the Institution's Self-Study Steering Committee.
- **Table of Contents** - Table of contents outlining the chronological order of information presented in the Self-Study Report. Outline Headings and Subheadings and appropriate page numbers...etc.
- **Executive Summary** – Provide a brief description one (1) – eight (8) pages in length that highlights the present strengths, challenges and plans of action in fulfilling each accreditation standard.
- **Introduction** – Provide concise and comprehensive background information about the institution. Ensure to also detail the approach to be taken by the institution during the self-study and accreditation process.
- **Accreditation Standards** (Address each standard in a narrative format, outlining areas of compliance and non-compliance)
  - **Introduce** each standard and sub-standards separately; communicate the institution's commitment to compliance.
  - Outline evidence-based **analysis** of the strengths and challenges found in fulfilling each standard and sub-standards. This must include relevant data and metrics...etc.
  - Outline **solutions**/plans of actions (currently implemented and future implementations) in addressing areas of concern that do not currently comply with standards and sub-standards. This must be demonstrable via data or other metrics of necessary resources and timelines...etc. to accomplish this.
- **Conclusion** – Provide a conclusion of all the findings and way forward supported by reasoning.
- **Glossary** - Include a glossary of reoccurring relevant terms and abbreviations germane to the institution and self-study process.
- **Supplemental Documents** – Ensure that all accompanying documents related to the self-study review process are submitted by the institution.

# Documentation Roadmap for Self-Study Report

Once the institution is invited by NAECOB to begin the self-study report process, it is extremely important for the institution to start early, paying close attention to associated timelines and deadlines.

## INSTITUTIONAL ACCREDITATION DOCUMENT ROADMAP

### STANDARD 1: MISSION, VISION AND GOALS

The institution must have a clearly defined mission statement and vision statement. These statements should outline the institution's vision, core values, and institutional goals relative 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 the purpose of the institution and state what it intends to accomplish in the field of education.

#### Institution is required to submit:

- 1.1** A copy of the institution's mission statement that clearly defines the purpose of the institution and what it intends to accomplish in the field of education.
- 1.2** A copy of the vision statement that clearly communicates the long-term aspirations and long-term objectives that the institution would like to achieve/ accomplish.
- 1.3** A copy of the core values that serve as the guiding principles for institutional behavior and action across its units.
- 1.4** A copy of institutional goals in support of the mission that will translate throughout each unit of the organization.
- 1.5** A recent copy of the institution's school catalog that outlines the various policies and procedures across academic and administrative units, among others.
- 1.6** A copy of the institution's student handbook that outlines the expectations for the conduct and behavior of students at the institution, in addition to other related policies and procedures that govern student life.

## **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.

### **Institution is required to submit:**

- 2.1** Information on the ownership type of the institution with related legislative authorization or licensing documents.
- 2.2** The name, contact information, titles, affiliations, occupations and resumes of all owners of the institution.
- 2.3** For private/for-profit/proprietary institutions, provide information on institutional procedures for the continuity of leadership.
- 2.4** The name, occupation, contact information and resume of the Chief Executive Officer (CEO). Provide evidence that the CEO was appointed by the board. The CEO cannot be the presiding officer (chairman /chairwoman) of the board.
- 2.5** The name, contact information, titles, affiliation, occupations and resumes of members of the institution's board of directors. Identify those who receive remuneration.
- 2.6** The institution's organizational chart outlining governance responsibilities of the administration structure include names and titles.
- 2.7** Information on the policies and procedures associated with the institution's active governing board members, explaining the structure, authority and autonomy.

### STANDARD 3 – EDUCATIONAL PROGRAMMES

The institution must have clearly defined objectives, evidence-based content, and academic rigor in the educational programmes offerings that is congruent with the institution's mission, vision and goals. Educational programme standards are reviewed under the following sub-standards: (i) Programme Mission, Vision and Goals, (ii) Programme Governance and Administration, (iii) Academic Programme Resources and Support, (iv) Programme Effectiveness, and (v) Quality Assurance and Enhancement.

#### Institution is required to submit:

a) **PROGRAMME MISSION, VISION AND GOALS** - The institution must have a concise description about the purpose of the programme, its guiding principles and values. The description should highlight the philosophical position of the programme's goals, the stakeholders or audience the programme targets, what educational achievements and career paths are expected and state how the training will contribute to the community or country as a whole. Programme goals should list the content of the programme specific to its parameters i.e. what students will understand (knowledge), apply (psychomotor skills) and appreciate (affective).

- 1.1 A clearly defined statement about the mission and purpose of each academic programme.
- 1.2 Information on how each academic programme's mission supports the institutional mission, vision and goals.
- 1.3 Information on how each academic programme will enhance the knowledge, skills and attitude of students.
- 1.4 Information about the career paths that each academic programme will prepare students for.
- 1.5 Information about how each academic programme's objectives and learning outcomes are in line with the institution's mission.
- 1.6 Profile information on the Director of each academic programme and/or the Director of the department in which each academic programme resides. List each member's (i) Full Name, (ii) Role, (iii) Work #, (iv) Cell #, (v) Email and (vi) Credentials (resumes, transcripts and copies of their academic qualification[s]).

b) **PROGRAMME GOVERNANCE AND ADMINISTRATION** - The institution must define the people, policies, and procedures associated with the planning, development, implementation, monitoring and evaluation of each academic programme. It should speak to the framework(s) in which programme development decisions are made and the quality assurance mechanisms that are in place to guide the governing and administration of each academic programme.

- 2.1 Information on the policies and procedures that govern programme needs analysis, design, development, implementation, and evaluation.
- 2.2 Information on the admissions policies requirements at your institution across all academic programmes. Explain on what basis these admission requirements were determined. If it applies, outline the admissions policies for distance education programme offerings.
- 2.3 Information on the administrative steps involved in each academic programme approval process.
- 2.4 Information on the structure of governance and administration of the programme planning committee responsible for authorizing new and revised academic programmes.
- 2.5 Profile information about the members of the programme planning committee responsible for authorizing new and revised academic programmes. List each member's (i) Full Name, (ii) Role, (iii) Work #, (iv) Cell #, (v) Email and (vi) Credentials (resumes, transcripts and copies of their academic qualification[s]).
- 2.6 Evidence that demonstrates that the current programme(s) being submitted for *Programme Accreditation Candidacy* were approved by the programme planning committee.
- 2.7 The related minutes, documents, reports and findings that came about during the programme planning process for each programme.

c) **ACADEMIC PROGRAMME RESOURCES AND SUPPORT** - The institution must demonstrate that it has the necessary resources (physical, learning, human and financial), infrastructure and support to successfully deliver the programme's mission, vision and goals.

- 3.1 **Physical Resources** - information about the existing physical space infrastructure, facilities, learning materials and supplies in support of effective academic programme delivery.
- 3.2 **Learning Resources** - information on the existing technological resources, inclusive of administrative systems, learning management systems, school management systems, and electronic library databases...etc., in support of each academic programme.
- 3.3 **Human Resources: Instructional Staff** - information about the existing qualified and experienced Instructional Staff members that support the effective delivery of each academic programme. Present this information using the '*Instructional Staff Profile Table*' template that is accessible on NAECOB's website.
- 3.4 **Human Resources: Administrative & Support Staff** – information about the existing administrative & support staff that support the institution in its mission and goals. Present this information using the '*Administrative &*

*Support Staff Profile Table'* template that is accessible on NAECOB's website.

- 3.5 Financial Resources** - information about the existing financial resources in support of the mission, vision and goals of academic programme delivery and related areas. Externally audited financial statements of at least two (2) years must be submitted.
- 3.6 Partnerships and Agreements I** - information on 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. Provide a copy of agreement(s).
- 3.7 Partnerships and Agreements II** - 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 each academic programme. Provide a copy of the agreement(s).

**d) PROGRAMME EFFECTIVENESS** - The institution must present evidence-based data and information that proves market demand and relevancy for its academic programmes offered. The evidence to measure, monitor and evaluate programme effectiveness throughout the planning and life-cycle of a given programme must be provided.

- 4.1** Evidence that there is a proven market demand and relevance for each academic programme.
- 4.2** Information on the process by which curricula are designed and developed, include information on the current programmatic standards and best practices used as benchmarks.
- 4.3** Evidence that the entry requirements of each academic programme are relevant and appropriate for the discipline.
- 4.4** Information on the academic provisions in place for identifying and providing support for admitted students who are not fully prepared for college level study.
- 4.5** Evidence that the programme and course objectives of each academic programme are relevant to the discipline.
- 4.6** Evidence that academic rigor is built into the delivery and assessment of each academic programme.
- 4.7** Evidence that the learning outcomes of each course in a given academic programme target student performance, competence, is measurable and observable.
- 4.8** A comprehensive and up-to-date inventory of the course materials and learning resources associated with each academic programme.
- 4.9** Evidence that the delivery of the academic programme takes into account the

diverse learning styles of students.

- 4.10** Evidence that the delivery of the academic programme incorporates various teaching, assessment and evaluation methods.
- 4.11** Evidence that mechanisms are in place to efficiently monitor, assess, and evaluate the impact of teacher instruction. Provide a blank copy of faculty evaluation form.
- 4.12** Evidence that mechanisms are in place to efficiently monitor, assess, and evaluate the impact of student learning. Provide a blank copy of course evaluation form.
- 4.13** Evidence that formative and summative assessment methods align with programme objectives and learning outcomes.
- 4.14** Evidence that assessment data about student performance in academic programmes is captured effectively and is accessible to related stakeholders.
- 4.15** Evidence that assessment data about Instructional Staff performance in academic programmes is captured effectively and is accessible to related stakeholders.
- 4.16** Evidence that assessment data about administrative & support staff performance in supporting academic programmes is captured effectively and is accessible to related stakeholders.
- 4.17** Evidence of the student services that effectively support academic programme delivery.
- 4.18** Information on the assessment and evaluation process in the awarding of higher education credentials of each academic programme. Include sample(s) of award(s).
- 4.19** Information on the assessment and evaluation process of transfer credits towards each academic programme.
- 4.20** Information and evidence that the institution has graduated at least one (1) cohort in its principal educational programmes before NAECOB's evaluation of its application for Institutional Accreditation Candidacy.
- 4.21** A copy of the schedule of classes at the time of submission. Ensure that the course code, course name, classroom numbers, meeting times, assigned instructor and enrollment roster for each class is included.
- 4.22** A list of students per academic programme who are currently enrolled at the institution at the time of the site visit.
- 4.23** Agreements and schedules of internships, externships, apprenticeships, clinical experiences and/or field experiences associated with an educational programme.
- 4.24** Handbooks/manuals of internships, externships, apprenticeships, clinical experience, and/or field experiences associated with an educational programme.

**4.25** Programme planning meeting Minutes for the most recent meetings.

**4.26** Copies of /links to all advertising associated with educational programmes.

**e) QUALITY ASSURANCE AND ENHANCEMENT** - The institution must have embedded quality enhancement policies and procedures throughout the life of the programme. Further, the institution should demonstrate forward thinking and planning that continuously measures and evaluates the need for programme resources and support mechanisms.

**5.1** Evidence that mechanisms are in place to ensure that curricula in support of academic programme delivery are revised periodically for current and future needs.

**5.2** Evidence of the mechanisms which ensure the assessment and evaluation tools in support academic programme delivery, are revised periodically for current and future needs.

**5.3** Evidence that mechanisms are in place to ensure that policies, procedures and processes in support of each academic programme delivery are revised periodically for current and future needs.

**5.4** Evidence that mechanisms are in place to ensure that financial and budgetary resources in support of academic programme delivery are revised periodically for current and future needs.

**5.5** Evidence that mechanisms are in place to ensure that the learning resources in support of each academic programme delivery are evaluated periodically for current and future needs.

**5.6** Evidence that mechanisms are in place to ensure that the human resources in support of each academic programme delivery are evaluated periodically for current and future needs.

**5.7** Evidence that mechanisms are in place to ensure professional development opportunities for the human resources that support academic programme delivery for current and future needs.

**5.8** Evidence that mechanisms are in place to ensure that the physical facilities and infrastructure in support of academic programme delivery are revised periodically for current and future needs.

**5.9** Evidence that both short-term and long-term strategic plans have been developed to support current and future needs of academic programme delivery at the departmental level as well as the institutional level.

## STANDARD 4 – LEARNING RESOURCES

The institution must own or have access to sufficient learning resources, services, infrastructure, and technologies to adequately support the proposed educational programmes and reflect the capacity to support its institutional mission, vision and goals.

### Institution is required to submit:

- 4.1 Information on all the learning resources that supports the instructional programmes, the institution's mission, vision and goals (*Software, Student Management System, E-Library, Learning Management System, instructional equipment & supplies, multimedia resources...etc.*).
- 4.2 A detailed inventory of all the learning resources that supports the instructional programmes in addition to the institution's mission, vision and goals. (*Software, Student Management System, E-Library, Learning Management System, instructional equipment & supplies, multimedia resources...etc.*).
- 4.3 The name, address, website, email address and contact number of the learning resource(s) provider (s) /vendor (s).
- 4.4 Information on the maintenance, repair, replacement, and disposal plan in place for damaged, outdated, and/or obsolete learning resources.
- 4.5 Information demonstrating that the required safety standards are in place for the use of outlined learning resources.
- 4.6 A comprehensive technology plan that outlines the related policies and procedures governing the use and maintenance of learning resources, technological infrastructure, and services across the institution. The plan should feature a student learning outcomes assessment with data on the utilization of the learning resource(s).

## **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 is in support of the institution's mission, vision and goals. Provide a master plan of facilities, workplace safety information, Occupational Safety and Health Administration (OSHA) compliance or a similar entity...etc.

### **Institution is required to submit:**

- 5.1** A copy of the floor plan of the institution.
- 5.2** Information on the institution's physical resources, both existing and under construction, which are used for classroom instruction, office space, student housing, student activities, and other gathering of stakeholders.
- 5.3** Information on all rental agreements/contracts, lease agreements/contracts...etc., associated with the institution's physical resources and infrastructure.
- 5.4** A Physical Plant Plan that outlines the related fiscal management, maintenance services and operational support for the buildings and facilities.
- 5.5** Copies of approved fire safety inspections, building inspection and occupancy certificates, or similar occupational safety certificate from the respective agency (in your country). Also include copies of related insurance coverages and policies.
- 5.6** An Emergency Action Plan(s) that outlines the institutional preparation, response and recovery actions in mitigating natural or man-made disasters to physical resources and infrastructure.

## **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, vision and goals.

### **Institution is required to submit:**

- 6.1 Information on the profiles of Instructional Staff employed by the institution including copies of their resume, degrees, and courses assigned to teach.
- 6.2 Information on the Administrative and Support Staff employed by the institution including copies of their resumes, degrees and the departments they are assigned to work in.
- 6.3 The most recent copy of the institution's faculty handbook/manual.
- 6.4 The most recent copy of the institution's staff handbook/manual.
- 6.5 Information on the support and services available for Instructional Staff, reflective of the institution's mission, vision and goals in teaching and learning.
- 6.6 Information on the support and services available for Administrative and Support Staff reflective of the institution's mission, vision and goals in teaching and learning.
- 6.7 Information on the evaluation and assessment procedures of Instructional Staff.
- 6.8 Information on the evaluation and assessment procedures of Administrative and Support Staff.
- 6.9 Copies of the materials and scripts used by recruitment and admissions staff.
- 6.10 The Minutes of faculty meetings held within the past twelve (12) months.
- 6.11 A blank copy of the Instructional Staff evaluation form.
- 6.12 A blank copy of Administrative Staff evaluation form.

## **STANDARD 7 – FINANCIAL RESOURCES**

The institution must present a financial plan for at least three (3) years, including future budget projections. Present the institution's two (2) most recent independently audited financial statements in the support of the institution's mission, vision and goals.

### **Institution is required to submit:**

- 7.1** A copy of the institution's financial plan of at least three (3) years including current budget(s) and future budget(s) projections.
- 7.2** An assessment of the efficiency and effectiveness of institutional resources and evaluation of the fiscal management and controls of business practices.
- 7.3** The institution's two (2) most recent independently audited financial statements in the support of the institution's mission, vision and goals outlined.
- 7.4** Information on tuition, fees and related financial policies associated with student accounts and services.

## **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, vision and goals supports its student body through academic services and co-curricular activities from the point of enrolment to graduation, and with alumni services.

### **Institution is required to submit:**

- 8.1** An outline of student support services, programmes, and activities in place that is reflective of the institution's mission, vision and goals in teaching and learning.
- 8.2** Information on the plans the institution has in place to ensure a safe, secure and healthy environment for students, and all other stakeholders on the campus.
- 8.3** Information on the policies and procedures associated with the secure maintenance and release of student records.
- 8.4** A blank copy of surveys or evaluations issued to students to gauge their opinions on current student services offered by the institution.
- 8.5** Information on the grievance procedures that are in place for students.
- 8.6** If the institution has an intercollegiate student athletics programme or agreement in place, provide information on how this is managed.

## **STANDARD 9: STRATEGIC PLANNING AND INSTITUTIONAL EFFECTIVENESS**

The institution must have a comprehensive institutional-wide strategic plan linked to mission, vision and goals that outlines all ongoing organizational management activities. Include the operational plans and quality assurance plans of all units/departments. Assessment and evaluation activities for institutional effectiveness should also be outlined.

### **Institution is required to submit:**

- 9.1** A comprehensive institutional-wide strategic plan that outlines all ongoing organizational management activities based on the institution's mission, vision and goals.
- 9.2** Operational plans of all units/departments, as well as academic, financial, and other quality assurance plans.
- 9.3** An outline of scheduled periodic assessment and evaluation of the effectiveness of planning activities.

## **STANDARD 10 – PROGRAMME & INSTITUTIONAL OUTCOMES (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.

### **Institution is required to submit:**

- 10.1** Detailed information on current admissions and enrollment profiles of students.
- 10.2** Detailed information on retention and graduation rate and how each is calculated.
- 10.3** Enrollment data across programme majors for the current year as well as at least three (3) previous years.
- 10.4** Projected enrollment for period outlined in the Institution's Financial Plan.
- 10.5** A list of students per academic programme who have graduated from the institution in the past three (3) years.
- 10.6** A list of students per academic programme who were terminated or withdrawn from the institution in the past three (3) years.
- 10.7** A list of students per academic programme who were on a Leave of Absence from the institution in the past three (3) years.

# PROGRAMME ACCREDITATION DOCUMENT ROADMAP

## **STANDARD 1: PROGRAMME MISSION AND GOALS**

The institution must have a concise description about the purpose of the programme, its guiding principles and values. The description should highlight the philosophical position of the programme's goals, the stakeholders or audience the programme targets, what educational achievements and career paths are expected, and state how the training will contribute to the community or country as a whole. Programme goals should list the content of the programme specific to its parameters i.e. what students will understand (knowledge), apply (psychomotor skills) and appreciate (affective).

### **Institution is required to submit:**

- 1.1** A clearly defined statement about the mission and purpose of each academic programme.
- 1.2** Information about the how each academic programme's mission supports the Institutional mission and goals.
- 1.3** Information about how each academic programme will enhance the knowledge, skills, and attitude of students who undertake it.
- 1.4** Information about the career paths that each academic programme will prepare students for.
- 1.5** Information about how each academic programme's objectives and learning outcomes are in line with Higher Education best practices and benchmarks.
- 1.6** Profile information about the Director of each academic programme and/or the Director of the department in which each academic programme resides. Profile Information should list each member's (i) Full Name, (ii) Role, (iii) Work #, (iv) Cell #, (v) Email and (vi) Credentials (resumes, transcripts and copies of their academic qualification[s]).

## **STANDARD 2: PROGRAMME GOVERNANCE AND ADMINISTRATION**

The institution must define the people, policies, and procedures associated with the planning, development, implementation, monitoring and evaluation of each academic programme. It should speak to the framework(s) in which programme development decisions are made and the quality assurance mechanisms that are in place to guide the governing and administering of each academic programme.

### **Institution is required to submit:**

- 2.1** Information about the policies and procedures that govern programme needs analysis, design, development, implementation, and evaluation.
- 2.2** Information on the admissions policies requirements at your Institution across all academic programmes. Explain on what basis these admission requirements were determined. If it applies, outline the admissions policies for distance education programme offerings.
- 2.3** Information about the administrative steps involved in each academic programme approval process.
- 2.4** Information about the structure of governance and administration of the programme planning committee responsible for authorizing new and revised academic programmes.
- 2.5** Information about the members of the programme planning committee responsible for authorizing new and revised academic programmes. Profile Information should list each member's (i) Full Name, (ii) Role, (iii) Work #, (iv) Cell #, (v) Email and (vi) Credentials (resumes, transcripts and copies of their academic qualification[s]).
- 2.6** Evidence that demonstrates that the current programme(s) being submitted for *Programme Accreditation Candidacy* were approved by the programme planning committee.
- 2.7** The related minutes, documents, reports and findings that came about during the programme planning process for each programme.

### **STANDARD 3: ACADEMIC PROGRAMME RESOURCES AND SUPPORT**

The institution must demonstrate that it has the necessary resources ( physical, learning, human, and financial), infrastructure, and support to successfully deliver the programme’s mission, vision and goals.

#### **Institution is required to submit:**

- 3.1 Physical Resources** – Information about the existing physical space infrastructure, facilities, learning materials and supplies in support of effective academic programme delivery.
- 3.2 Learning Resources** - Information about the existing technological resources, inclusive of administrative systems, learning management systems, school management systems, and Electronic Library databases...etc., in support of each academic programme.
- 3.3 Human Resources: Instructional Staff** - Information about the existing qualified and experienced Instructional Staff members that support the effective delivery of each academic programme. Present this information using the *‘Instructional Staff Profile Table’* template that is accessible on NAECOB’s website.
- 3.4 Human Resources: Administrative & Support Staff** – Information about the existing administrative & support staff that support the institution in its mission and goals. Present this information using the *‘Administrative & Support Staff Profile Table’* template that is accessible on NAECOB’s website.
- 3.5 Financial Resources** - Information about the existing financial resources in support of the mission and goals of academic programme delivery and related areas. Externally audited financial statements of at least two-years must be submitted.
- 3.6 Partnerships and Agreements I** - Information on any partnership(s) between the institution and another Institution or business entity in an Instructional Service Center agreement or the like, to offer classes and/or related co-curricular activities. Provide a copy of agreement(s).
- 3.7 Partnerships and Agreements II** - 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 each academic programme. Provide a copy of the agreement(s).

#### **STANDARD 4: PROGRAMME EFFECTIVENESS**

The institution must present evidence-based data and information that proves market demand and relevancy for its academic programmes offered. The evidence to measure, monitor, and evaluate programme effectiveness throughout the planning and life-cycle of a given programme must be provided.

##### **Institution is required to submit:**

- 4.1** Evidence that there is a proven market demand and relevance for each academic programme.
- 4.2** Information on the process by which curricula is designed and developed, including information on the current programmatic standards and best practices used as benchmarks.
- 4.3** Information on the quality assurance process in selecting the general education courses, core courses, and major courses appropriate to the discipline of each educational programme major offered by the institution that meets local and international standards.
- 4.4** Evidence that the entry requirements of each academic programme is relevant and appropriate for the discipline.
- 4.5** Information on the academic provisions in place for identifying and providing support for admitted students who are not fully prepared for college level study.
- 4.6** Evidence that the programme and course objectives of each academic programme are relevant to the discipline.
- 4.7** Evidence that academic rigor is built into the delivery and assessment of each academic programme.
- 4.8** Evidence that the learning outcomes of each course in a given academic programme target student performance, competence, is measurable and observable.
- 4.9** A comprehensive and up-to-date inventory of the course materials and learning resources associated with each academic programme..
- 4.10** Provide evidence that the delivery of academic programme takes into account the diverse learning styles of students.
- 4.11** Evidence that the delivery of academic programme incorporates various teaching, assessment, and evaluation methods.
- 4.12** Evidence that mechanisms are in place to efficiently monitor, assess, and evaluate the impact of teacher instruction. Provide a blank copy of faculty evaluation form.
- 4.13** Evidence that mechanisms are in place to efficiently monitor, assess, and evaluate the impact of student learning. Provide a blank copy of course evaluation form.
- 4.14** Evidence that formative and summative assessment methods align with programme objectives and learning outcomes.
- 4.15** Evidence that assessment data about student performance in academic programmes are captured effectively and are accessible to related stakeholders.

- 4.16** Evidence that assessment data about Instructional Staff performance in academic programmes are captured effectively and are accessible to related stakeholders.
- 4.17** Evidence that assessment data about administrative & support staff performance in supporting academic programmes are captured effectively and are accessible to related stakeholders.
- 4.18** Evidence of the student services that effectively supports academic programme delivery.
- 4.19** Information on the assessment and evaluation process in the awarding of higher education credential of each academic programme. Include sample(s) of award(s).
- 4.20** Information on the assessment and evaluation process of transfer credits towards each academic programme.
- 4.21** Information and evidence that the Institution has graduated at least one cohort in its principal educational programmes before NAECOB's evaluation of their application for Institutional accreditation candidacy.
- 4.22** A copy of the schedule of classes at the time of submission. Ensure that the course code, course name, classroom numbers, meeting times, assigned instructor and enrollment roster for each class is included).
- 4.23** A list of students per academic programme who are currently enrolled at the Institution at the time of the site visit.
- 4.24** Agreements and schedules of internships, externships, apprenticeships, clinical experience, and/or field experiences associated with and educational programme.
- 4.25** Handbooks/manuals of internships, externships, apprenticeships, clinical experience, and/or field experiences associated with and educational programme.
- 4.26** Programme planning meeting Minutes for the most recent meetings.
- 4.27** Copies of or links to all advertising associated with educational programmes.

## **STANDARD 5: QUALITY ASSURANCE AND ENHANCEMENT**

The institution must have embedded quality enhancement policies and procedures throughout the life of the programme. The institution should provide evidence of measures that evaluate its programme resources and support mechanisms.

### **Institution is required to submit:**

- 5.1** Evidence that mechanisms are in place to ensure that curricula in support of academic programme delivery are revised periodically for current and future needs.
- 5.2** Evidence that mechanisms are in place to ensure that assessment and evaluation tools in support of academic programme delivery are revised periodically for current and future needs.
- 5.3** Evidence that mechanisms are in place to ensure that policies, procedures and processes in support of each academic programme delivery are revised periodically for current and future needs.
- 5.4** Evidence that mechanisms are in place to ensure that financial and budgetary resources in support of academic programme delivery are revised periodically for current and future needs.
- 5.5** Evidence that mechanisms are in place to ensure that the learning resources in support of each academic programme delivery are evaluated periodically for current and future needs.
- 5.6** Evidence that mechanisms are in place to ensure that the human resources in support of each academic programme delivery are evaluated periodically for current and future needs.
- 5.7** Evidence that mechanisms are in place to ensure professional development opportunities for the human resources that support academic programme delivery for current and future needs.
- 5.8** Evidence that mechanisms are in place to ensure that the physical facilities and infrastructure in support of academic programme delivery are revised periodically for current and future needs.
- 5.9** Evidence that both short term and long term strategic plans have been developed to support current and future needs of academic programme delivery at the departmental level as well as the Institutional level.

## Submitting the Final Self-Study Report

The self-study report is mailed or hand-delivered twelve (12) weeks prior to the On-Site Visit. Each member of the determined visiting team will be mailed a bound copy of the report. The institution is also required to send a digital copy of the report via email.

Please Note: NAECOB does not share the submitted self-study report directly with the institution's constituency, or any other public or private agencies. It is the responsibility of the institution to share their self-study and on-site visitation report with their internal and external stakeholders accordingly for transparency during the accreditation process.

## **ON-SITE VISIT BY PEER REVIEW EVALUATORS**

### Purpose of On-Site Visit

On-Site visits are undertaken by **peer-review evaluators** and/or NAECOB Committee Members to assess quality assurance factors that cannot be determined in written form. On-Site visits are also done to verify the information submitted by the institution.

### Who are Peer Review Evaluators?

Peer Review Evaluators are professionals and practitioners with knowledge of institutional and programme assessment criteria. Peer Review Evaluators are volunteers who are typically professors, educational administrators, curriculum development specialist, and education officers from regional and national quality assurance networks, among others. Peer review evaluators are mandated to objectively review submissions from institutions against (The NAECOB ACT and) NAECOB's standards to gauge for compliancy.

### Conflict of Interest Policy for Peer-Review Evaluators

Individuals who volunteer to be Peer Review Evaluators (PRE) are vetted by NAECOB to ensure objectivity, fairness, integrity, and credibility throughout all phases of the review process. The *conflict of interest policy* prevents PRE volunteers from being or remaining appointed as a peer review evaluators under any of the following circumstances:

- The PRE Volunteer is a former candidate for employment or former employee of the institution being evaluated.
- The PRE Volunteer is a member of the board of directors of the institution being evaluated.
- The PRE Volunteer has been or is currently affiliated with the institution that is being evaluated in a professional, personal, contractual, consultative, or other manner that shows a relationship.

- The PRE Volunteer has an invested interest directly or through third-parties in the decided accreditation outcome of the institution that is being evaluated.
- The PRE Volunteer is related to a current or former member of the institution that is related by blood and/or law; inclusive of but not limited to faculty members, administrative staff, student, board members...etc.
- The PRE Volunteer is related to a current or former member of the institution that is related by blood and/or law who holds shares of stock; directly or through a third-party.
- The PRE Volunteer is found to be soliciting and/or receiving forms of remuneration to consult on any phase of the NAECOB's accreditation process with institutions that are being evaluated.
- The PRE Volunteer is expected to recuse themselves from engaging in any form of employment (consultant, contractual, temporary, permanent...etc.) with the institution for at least one (1) year after the decision for accreditation has been decided.
- The PRE Volunteer has demonstrated personal conduct that goes against NAECOB's mission, vision, philosophy, and strategic goals.
- The PRE Volunteer has demonstrated personal conduct that goes against any laws, regulations, or legislation outlined in their jurisdiction or otherwise.
- The PRE Volunteer shared confidential information not deemed for public consumption about the institution that is being evaluated and/or NAECOB's internal communications during any point of the accreditation process.
- The PRE volunteer is expected to recuse themselves of duties should any the above mentioned conflict of interest arise after they have signed the 'peer review evaluator disclosure statement'.

**Please Note: any other areas currently not listed above that are deemed by NAECOB as a conflict of interest at a later date will apply.**

## **Who Makes Up The Peer Review Evaluation Team?**

The institution is made aware of who makes up the peer review evaluation team **before** an on-site visit occurs. The institution will receive an email that outlines the relevant profile information about each member that makes up the peer review evaluation team at least twelve (12) weeks prior to the scheduled visit. If the institution is aware of any potential conflict of interests with any team member, then it is the responsibility of the institution to bring it to NAECOB's attention.

## When Are On-Site Visits Scheduled?

On-Site visits are scheduled during the initial accreditation process, on-site visits occur at the Eligibility Phase, and The Candidate Phase:

Phase	Type of On-Site Visit	Carried out by
Eligibility Phase	Advisory Visit	NAECOB Committee
Candidate Institution Phase	On-Site Visit – Candidate Institution	Peer-Review Evaluators
	Candidate Progress Visits	NAECOB Committee

- The Advisory Visit and Candidate Progress Visits are carried out by **NAECOB Committee**, while Candidate Institution On-Site Visit is carried out by **Peer-Review Evaluators**
- At the Eligibility Phase after the Institution submits the documents outlined in the 'LOI Package': (a) *Letter of Intent*, (b) *The Report of Eligibility*, (c) *The Ownership Disclosure Form* and (d) *a Copy of the Institution's Business License.*, an **Advisory Visit** will be requested to validate the contents of the submission.
- Thereafter, the institution will be advised on whether to begin the formal '*Application for Accreditation Candidacy*' Process.

## How Are On-Site Visits Scheduled?

NAECOB will contact the Institution's President and/or Accreditation Liaison Officer via email and telephone to communicate suggested dates for the On-Site Visit at least twelve (12) weeks prior. Please note that though NAECOB has standard timelines and deadlines associated with On-Site visits, timelines may be adjusted based on any conflicting holidays or institutional events.

## How Long Do On-Site Visits Last?

Depending on the size of the institution and schedule of the peer-review evaluators, On-Site visits may take one (1) – three (3) days to complete. On-Site visits may occur during the weekdays, weekends, daytime, and evenings, depending on when in-session classes are held by the institution, among other factors.

## What Does The Institution Do To Prepare For The On-Site Visit?

The Institution will need to prepare the following ahead of the On-Site Team Visit:

### LOGISTICS

- The institution will pay NAECOB a pre-determined amount to NAECOB to cover the costs associated with transportation and accommodation and per diem.
- The institution will provide conference/meeting room on institution's campus and branch campuses.
- The institution will provide refreshment for evaluators at the hotel and on-site at campus (es).

## DOCUMENTS

Twelve (12) weeks prior to the on-site team visit, the institution must send printed and bounded copies for the chair of the visiting team, each peer review evaluator, and any other individual outlined by NAECOB of the following:

- The final self-study report.
- Supporting documents requested in the **documentation roadmap**.
- A minimum of a three (3) year strategic plan, inclusive of a financial plan that reflects actual and projected enrollment costs. ***Please Note: financial information must be reflected in Bahamian Dollars.***
- Two (2) latest independently audited financial statements & management letters.
- Provide a map of all campuses, inclusive of directions to and from campus(es).

## **How Many Persons Are Assigned To An On-Site Visiting Team?**

On-Site Visiting team consists of three (3) - six (6) members per campus visit. Please note:

- The number of team members will depend on the complexity of the institution.
- At times, Peer Review Evaluators may be accompanied by individuals who are not a part of the designated team, but who, however, carry out a quality assurance support role during the evaluation process.
- Such individuals will be privy to relevant information about the institution that facilitates the evaluation process.

## **What Takes Place During An On-Site Visit?**

Peer Review Evaluators will meet and/or interview with appropriate college personnel; this typically includes members from the student body, instructional staff, administrative staff, department heads, and board members. On-site tours of the institution's facilities will take place, as well as reviews of related exhibits that will be discussed ahead of time. These include but are not limited to textbooks, syllabi, past student assignments, projects, exams from a selected course (ranging from poor to excellent marks/grades) and course assessment materials/rubrics, among others.

## On-Site Visit Schedule and Activities

On-Site visits located on New Providence, The Bahamas will typically last for three (3) days. On-Site visits scheduled outside of New Providence, The Bahamas may take longer given additional travel time...etc. Activities that take place during an On-Site visit are inclusive of but not limited to:

<b>ON-SITE VISIT ACTIVITIES</b> <i>(main campus and branch campuses)</i>	<b>Advisory Visit</b>	<b>Candidate Progress Visits</b>	<b>Candidate Institution On-Site Visit</b>
Tour of Classrooms & Laboratories	✓		✓
Tour of Administrative Areas	✓		✓
Tour of Surrounding Property	✓		✓
Tour of Other Key Facilities	✓		✓
Demonstration of eLibrary	✓	✓	✓
Demonstration of Student Management System	✓	✓	✓
Meeting/Interview with Select Faculty		✓	✓
Meeting/Interview with Select Administrative Staff	✓	✓	✓
Meeting/Interview with Select Student(s)			✓
Meeting/Interview with Programme Director(s)/Chair(s)	✓		✓
Meeting/Interview with Programme Planning Committee		✓	✓
CEO Should Be Present	✓		✓
Chief Administrative Officer Should Be Present	✓	✓	✓
Chief Academic Officer Should Be Present	✓	✓	✓
Meeting/Interview With Select Board Members	✓		✓
Meeting/Interview With Other Persons Deemed Appropriate		✓	✓
Review Of Current and Past Textbooks	✓		✓
Review Of Resources Available To Students	✓		✓
Review Of Past Student Assignments And Projects,			✓
Review Of Past Exams From A Selected Course(s)			✓
Review Of Past Course Assessment Materials/Rubrics			✓
Exit Interview(s)			✓

## The On-Site Interview

Peer Review Evaluators will schedule the time and logistics for on-site interviews ahead of their visitation. These interviews may be done individually and/or in a group setting. Questions posed in the interview:

- Be directly related to the Institution's self-study report.
- Determine the Institution's compliance to NAECOB's standards and policies.
- Verify information presented in supporting documents submitted by the institution.

Exit Interviews: At the end of the On-Site visitation activities the chair of the visiting team meets selected representatives from the institution to share a brief oral report of the findings to date.

## The On-Site Visitation Report

After the On-Site Visit is completed with institution at the Candidate Phase, The Chair of the Visitation Team compiles the 'draft report' from each peer review evaluator into a singular document referred to as the 'On-Site Visitation Report'. The On-site Visitation report is a prescriptive evaluation of any deficiencies, weaknesses, and/or concerns with the institution's resources, programmes, policies and procedures, in support of programmes....etc. The final version of this report is communicated to the institution by NAECOB where they are expected to review and provide a formal response.

## The Institutional Response

The institution must prepare a formal response to the *On-Site Visitation Report*, focusing on compliance standards violations and other areas of concern, if any.

## Actions on Institutional Response Submissions

NAECOB takes one of the three following actions on institutional response submissions:

- Accepts – NAECOB “accepts” and institutional response submission when it has clearly demonstrated a thorough understanding of NAECOB's compliance standards in relation to outlined violations and other areas of concern, if any.
- Document Receipt Of – At its discretion NAECOB may instead simply “document receipt of” institutional response submission instead of ‘accepting’ it. This indicates that the Institution demonstrated only a limited understanding of compliance standards in relation to outlined violations, and other areas of concern, if any.
- Rejects – NAECOB will “reject” an institutional response submission when it is deemed insufficient and demonstrates a misunderstanding of NAECOB's compliance standards in relation to outlined violations and other areas of concern, if any.

# ACCREDITATION DECISIONS AND ACTIONS

Decisions on Accreditation Candidacy Status, Initial Accreditation Status (or Reaffirmation of Accreditation) occurs after relevant documents, periodic review reports, site visits, progress visits, substantive change requests, and/or when other quality assurance activities take place.

## Accreditations Actions: Granted, Denied and Deferred

### 1. Candidacy or Initial Accreditation is Granted

- (a) Institutions that meet all standards throughout the applicant institution phase will be granted Accreditation Candidacy status.
- (b) Institutions that meet all standards throughout the candidate institution phase will be granted Initial Accreditation for a period of five (5) years before seeking reaffirmation of accreditation.

### 2. Candidacy or Initial Accreditation Denied

- (a) Institutions that do not meet all standards or the majority of all standards throughout the applicant institution phase will be denied Accreditation Candidacy Status. The institution will be allowed to reapply after they have demonstrated to NAECOB that they have addressed the major areas of concern that led to the denial. An institution is allowed to reapply after a minimum of one (1) year has passed.
- (b) Institutions that do not meet all standards or the majority of all standards throughout the candidate institution phase will be denied Initial Accreditation. The institution will be allowed to reapply after they have demonstrated to NAECOB that they have addressed the major areas of concern that led to the denial. An institution is allowed to reapply after a minimum of one (1) year has passed.

### 3. Defer Taking Action – NAECOB will defer making a decision at the applicant institution phase or candidate institution phase to allow an institution that demonstrates the potential to meet all standards at a maximum period of one (1) year to address minor areas of concern.

## Accreditation Sanctions: Warning, Probation, and Revocation

If an Accreditation Candidate Institution or Accredited Institution is found deficient or in violation of NAECOB's standards, then it may face one of the three sanctions- warning, probation, or revocation (*loss of accreditation Candidacy status or accreditation status*). Please note that these sanctions **are not** in sequential order and NAECOB may make a decision to place the 'violating institution' on any of them based on the degree of seriousness of accreditation violation. The following sanctions once invoked, are not appealable by the institution:

- 1. **Warning** – If an Accreditation Candidate Institution or Accredited Institution demonstrates significant non-compliance of NAECOB standards and/or applicable laws within the jurisdiction(s) it operates, as well as failure to address areas of concern within the timeline outlined by NAECOB,

then the institution will be placed on 'warning'. An institution is placed on 'warning' for a maximum of two (2) years. NAECOB will issue a public statement about this decision.

2. **Probation** - An Accreditation Candidate Institution or Accredited Institution faces the more serious sanction of 'probation' for similar reasons outlined in 'warning' sanction, i.e. demonstrated significant non-compliance of NAECOB standards and/or applicable laws, in addition its failure to address areas of concern within the timeline outlined by NAECOB. Additionally, an institution may be placed on 'probation' if it was initially placed on 'warning' and failed to remedy areas of deficiencies at the conclusion of the 'warning period'. An institution is placed on 'probation' for a maximum of two years. NAECOB will issue a public statement about this decision.
3. **Revocation** – An Accreditation Candidate Institution or Accredited Institution may lose its status when a severe instance of noncompliance occur and/or if the institution repeatedly violates NAECOB's standards and/or applicable laws. Additionally, an institution may have its Accreditation Candidate Institution or Accredited Institution status revoked if it was initially placed on 'probation' and failed to remedy areas of deficiencies at the conclusion of the 'probationary period'. NAECOB will issue a public statement about this decision.

**Please note that:**

- **Termination or loss of candidacy status** also occurs if the institution does not attain accreditation status by the fourth year of candidacy due-process and/or if the institution no longer meets criteria for candidacy that they initially satisfied at the beginning of the application process.
- If an **Accredited Institution** loses its accreditation status then NAECOB will require the institution to submit a 'teach-out plan' for consideration and approval.

## **Reaffirmation of Accreditation**

During the reaffirmation of accreditation process, institution will submit the Compliance Certification twelve (12) months prior and Quality Enhancement Plan (QEP) at least twelve (12) weeks prior to schedule reviews, off-site, and on-site visits by NAECOB.

**Please Note:**

- If an institution is currently on sanction when they submit the above mentioned documents for 'reaffirmation of accreditation', their request will automatically be denied; this is not an appealable action.
- Additionally, if an initially compliant Accredited Institution demonstrates significant violations of NAECOB standards and/or applicable laws within the jurisdiction(s) it operates, as well as failure to address areas of concern within the timeline outlined by NAECOB, then its reaffirmation of accreditation will be denied.

# SUBSTANTIVE CHANGES

## What Are Substantive Changes?

An institution is granted *Accreditation Candidacy Status* or *Initial Accreditation* based on its programmes, processes, and procedures...etc. that is reviewed at the time of application. NAECOB understands that institutions may change certain aspects of its administration and operation to keep up-to-date with growing trends and best practices. There is however, a difference in what is considered a 'minor change' as opposed to a 'substantive change'. The latter may require a new review of that 'significant change area' to determine if is still in line with NAECOB's standards and/or if the change(s) adversely affects other criteria areas.

### These substantive changes are inclusive of but not limited to:

1. **Legal Status to Operate**- changes in business licensure agency.
2. **Ownership** – changes in ownership type of the institution.
3. **Organizational Leadership** - changes with the Chief Executive Officer, Chief Administrative Officer and Chief Academic Officer of The Institution.
4. **Board Members** – changes in structure, authority and autonomy of governing board members of the institution.
5. **Institutional Goals** – changes to organizational goals and objectives.
6. **Mission** – changes in the mission statement of the institution.
7. **Vision**- changes in the vision statement of the institution.
8. **Academic Programmes** – changes to curricula, catalogue, handbooks, personnel, departments, awards, student services...etc. associated with academic programmes.
9. **Agreements and Affiliations** – changes in who the institutions has affiliations with. (MOUs, Articulation Agreements, Instructional Service Center partnerships...etc.)
10. **Administrative and Support Staff** – changes to administrative and support staff.
11. **Instructional Staff** – changes to instructional staff.
12. **Fiscal Resources** – changes to fiscal resources of the institution.
13. **Learning Resources** – changes to learning resources (student management systems, eLibrary databases...etc.) that support programme delivery.
14. **Physical Resources**- opening, closing or other changes in the geographical location of campus(es) where students are enrolled and/or staff assigned; associated rental or mortgage agreements, infrastructure, facilities...etc.
15. **Strategic Development Plan** – changes to organizational strategic plan.

## When Should An Institution Notify NAECOB About A Substantive Change Request?

Candidate Institutions or Initially Accredited Institutions making changes to any of the above mentioned areas must notify NAECOB early in the institution's planning process via the *'Substantive Change Request Application Form'* **before** the change happens. NAECOB will be able to advise the institution accordingly if the planned changes will have an effect on their current candidate status or accreditation status. Failure to notify NAECOB about any substantive change(s) being undertaken by the institution will result in the possible penalty of loss of candidate status or accreditation status.

The institution is also encouraged to share information with NAECOB about changes in other areas not outlined above.

## Actions on Substantive Change Request

NAECOB takes one of the three following actions on substantive change request submissions:

- Accepts – NAECOB “accepts” a substantive change request when it has clearly demonstrated a thorough understanding of NAECOB's compliance standards in relation to outlined violations and other areas of concern, if any.
- Document Receipt Of – At its discretion NAECOB may instead simply “document receipt of” substantive change request instead of ‘accepting’ it. This indicates that the institution demonstrated only a limited understanding of compliance standards in relation to outlined violations, and other areas of concern, if any.
- Rejects – NAECOB will “reject” an substantive change request when it is deemed insufficient and demonstrates a misunderstanding of NAECOB's compliance standards in relation to outlined violations and other areas of concern, if any

# COSTS ASSOCIATED WITH THE ACCREDITATION PROCESS

There are a number of costs associated with the institutional accreditation process; these are inclusive of a variety of dues, fees, and related expenses. Costs that are incurred by the institution at various points through the process will be clearly communicated by NAECOB. Costs will vary between domestic institutions and international institutions.

Please note that all fees, dues, and other related costs paid to NAECOB by the institution are non-refundable. Kindly review the following information:

ELIGIBILITY PHASE	
Category	Fees
Review of 'LOI Package'	\$1,000
Advisory Visit	\$1,500
Accompanying Documents Review	\$500
Administrative Fee (25% of Total)	
Formatting Submission Penalty	\$250/each
Cancellation of Advisory Visit Penalty	\$500 (each time)
Late Payment of Fees	25% of amount due/monthly

(+ determined travel expenses and stipends for Advisory Visit team)

APPLICANT INSTITUTION PHASE	
Category	Cost
Application for Programme Accreditation Candidacy Fee	\$500
Programme Review – Associate Degrees & Below	\$1500/each
Programme Review – Bachelor Degree	\$2200/each
Programme Review – Master's Degree	\$2700/each
Programme Review – Doctoral Degree	\$3200/each
Application for Institutional Accreditation Candidacy Fee	\$1000
Accreditation Candidacy Workshop	\$950/each
Accreditation Readiness Report review	\$750/each
Accompanying Documents Review	\$1000
Administrative Fee (25% of Total)	
Late Payment of Fees	25% of amount due/monthly

(+ determined travel expenses and stipends for On-Site Visiting team)

<b>CANDIDATE INSTITUTION PHASE</b>	
<b>Category</b>	<b>Cost</b>
Candidate Institution On-Site Visit	\$2500
Candidate Institution On-Site Visitation Report Fee	\$1500
Cancellation of Candidate Institution On-Site Visit Penalty	\$1000 (each time)
Review of Formal Response to On-Site Visitation Report (Candidate Institution)	\$500
Self-Study Workshops	\$1500/ each
Candidate Institution Progress Visits	\$1000/each
Updated Accreditation Readiness Reports	\$750/each
Review of Self-Study Report	\$2500/each
Administrative Fee (25% of Total)	
Late Payment of Fees	25% of amount due

(+ determined travel expenses and stipends for On-Site Visiting team)

<b>ACCREDITED INSTITUTION PHASE</b>	
<b>Category</b>	<b>Cost</b>
Accreditation Fee (Domestic)	\$5000
Accreditation Fee (International)	\$7500
Accredited Institution Workshops	\$2500/eac
Renewal Application For Accreditation	\$1500
Annual Dues (Accredited Institutions Only)	Based on enrollment
Late Payment of Annual Dues	50% of amount due

(+ determined travel expenses and stipends for On-Site Visiting team)

<b>ACCREDITED INSTITUTION ANNUAL DUES</b> (International dues are 150% of domestic dues)		
<b>Enrollment</b> (Full-Time and/or Part-Time)	<b>Dues</b> (Domestic)	<b>Dues</b> (International )
0– 50	\$ 1,500.00	\$ 3,250.00
51– 100	\$ 2,500.00	\$ 6,250.00
101 – 250	\$ 5,500.00	\$ 9,250.00
251 – 450	\$ 7,500.00	\$ 12,250.00
451 – 750	\$ 9,500.00	\$ 15,250.00
751 – 1000	\$ 11,500.00	\$ 18,250.00
1,001 – 2,000	\$ 13,500.00	\$ 21,250.00
2,001 – 3,000	\$ 15,500.00	\$ 24,250.00
3,001 – 4,000	\$ 17,500.00	\$ 27,250.00
4,001 – 5,000	\$ 19,500.00	\$ 30,250.00
5,001 – 10,000	\$ 21,500.00	\$ 33,250.00

OTHER FEES	
Category	Cost
New Programme Approval Fee – Associate Degrees & Below	\$1500/each
New Programme Approval Fee – Bachelor Degree	\$2200/each
New Programme Approval Fee – Master’s Degree	\$2700/each
New Programme Approval Fee – Doctoral Degree	\$3200/each
Change of Ownership	\$1500
Change of Institutional Name	\$2000
Change in Mission	\$1000
Change of Location	\$1000
Information Sessions	\$2000
Annual ‘Recognized Institution’ Dues	\$2500
Substantive Change Fee	\$2000

(+ determined travel expenses and stipends for On-Site Visiting team)

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# Glossary of Terms

**Accreditation Process** – a multitier quality assurance process that evaluates and certifies the credibility, quality, and relevance of a particular service(s), educational programme(s), product(s) and/or activity(ies) provided by institutions to the general public.

**Accreditation Decision/Action** – a decision or action made by NAECOB concerning the accreditation status of an institution.

**Accreditation Readiness Report** – A report that is completed by institutions to gauge how currently prepared and equipped the institution is to undertake the accreditation process; as well as highlights resources it will need, if any, to ensure it has a favorable outcome at the end of the process. This is completed by institutions at both the *Applicant Institution Phase* and *Candidate Institution Phase*.

**Accreditation Liaison Officer** – the Accreditation Liaison Officer (ALO) is an appropriately qualified and experienced representative of the institution appointed by the Chief Executive Officer (CEO) that will be responsible for leading and managing the Accreditation Candidacy Process; they will be the main point of contact with NAECOB officers; ensuring that communications, information sharing, and requests are carried out in a timely manner. They must be a full-time employee who works on-site at the main campus. The CEO cannot serve as the ALO.

**Annual Report** – the Annual Report is a comprehensive document outlining evidence-based data and information concerning the programme and institutional data, organizational activities, and financial performance from the preceding year.

**Appeal** – the process in place for institutions to address concerns that they may have about an accreditation decision and/or action made by NAECOB.

**Assessment** – a comprehensive process of using empirical data provided by an institution to measure their compliance against NAECOB's standards, as well as against applicable laws within the jurisdiction(s) the institution operates.

**Award** – the certificate, diploma, degree, or other form of achievement presented to a student that completes their academic programme successfully.

**Benchmark**– a measure used to systematically gauge the quality or effectiveness of selected best practices.

**Best Practices** – a reasonable set of ideas, guidelines, and/or methodology that have been generally accepted by peers and authoritative bodies in the field of education as the most effective or exemplary demonstration of quality.

**Candidacy Status** - the status obtained by institutions that were successful in the *Application Status Phase* of NAECOB's Accreditation process.

**CAO** - the Chief Academic Officer at an educational institution.  
NAECOB

**CEO** - the Chief Executive Officer at an educational institution.

**CHEA** – “Council for Higher Education Accreditation (CHEA) is a United States organization of degree-granting colleges and universities. It identifies its purpose as providing national advocacy for self-regulation of academic quality through accreditation in order to certify the quality of higher education accrediting organizations, including regional, faith-based, private, career, and programmatic accrediting organizations.”

**Conflict of Interest** – a situation that can impede the objectivity, fairness, integrity, and credibility of the accreditation process.

**Criteria** – a set of principles concerning the accreditation process and protocol for an institution.

**INQAAHE** – “The International Network for Quality Assurance Agencies in Higher Education (INQAAHE) is a world-wide association of over 200 organisations active in the theory and practice of quality assurance in higher education”.

**Initial Accreditation** – when an institution achieves accreditation status for the first time.

**Institutional Accreditation** – this is the quality assurance review process of the applicant institution’s organizational resources, processes and procedures in its entirety to determine its readiness and credibility in the field of education.

**Peer Review** – an objective assessment against NAECOB’s accreditation standards typically carried out by professors, educational administrators, curriculum development specialist, and education officers from regional and national quality assurance networks, among others.

**Post-Secondary School** – an institution that delivers tertiary level education, this is inclusive of colleges, universities, technical & vocational schools, among others.

**Primary School** – an institution that delivers elementary level education, typically from Grade 1 to Grade 6.

**Programme** – an educational programme made up of a set of courses in a set discipline; designation and name of the programme will vary accordingly.

**Programme Accreditation** – this is the quality assurance review process of the applicant institution’s academic programme offerings only, to determine its relevancy, readiness and credibility in their jurisdiction.

**Qualification**– an academic award(s) and/or professional experience(s) that demonstrates a person’s competency and authority in a given subject matter.

**Quality Assurance** – ensuring the benchmarked level of best practices of a service(s), programme(s), activity(ies), or other products offered by an institution to the general public are maintained.

**Quality Enhancement Plan** – a blueprint that outlines and demonstrates forward thinking and planning that continuously measures and evaluates the need to enhance institutional and/or programme resources and support mechanisms.

**Recognition** – indicates that an international institution has applied and met NAECOB's criteria, standards and guidelines for recognition.

**Registration** – indicates that a local Bahamian institution has applied and met NAECOB's criteria, standards and guidelines for registration.

**Secondary School** – an institution that delivers secondary level education, typically from Grade 7 to Grade 12.

**Self-Study** – the self-study report is the central part of determining an institution's eligibility and readiness for accreditation. The institution performs a comprehensive self-introspective review of its related internal and external operations that support its organizational mission and goals. This rigorous self-analysis of programmes, resources, policies, procedures, and services, among other areas of evaluation, will determine its alignment with NAECOB's guidelines, and on a larger scale its compliance with regional and international standards in Higher Education.

**Self-Study-Steering Committee** – a core group of individuals, typically selected by the Institution's CEO, who are familiar with key self-study report components, will constitute the Self-Study Steering Committee. This committee will carry out the early research and planning functions necessary to institutional accreditation readiness.

**Site Visit** - Site Visits are undertaken by peer-review evaluators and/or NAECOB Committee Members to assess quality assurance factors that cannot be determined in written form. On-Site visits are also done to verify the information submitted by the institution.

**Standards** – the Quality Assurances requirements that must be met by an institution to obtain programme accreditation or Institutional accreditation.

**Substantive Change** – a significant modification in an institution's programmes, processes, and procedures, or other areas governed by NAECOB's standards, after an initial review.

**Sanctions** – a penalty enforced upon an institution that is found deficient or in violation of NAECOB's standards and/or applicable laws. The institution may face one of the three sanctions- warning, probation, or revocation (*loss of accreditation Candidacy status or accreditation status*).