



The National Accreditation Council of Guyana

APPLICATION FOR INSTITUTIONAL ACCREDITATION

SECTION A – INSTITUTION INFORMATION

PROVIDER DETAILS	
Name	
Street Address	
Mailing Address (if different)	
Contact Numbers	
Website	
Email Address	
Satellite sites (if any)	<i>Attach separate sheet(s)</i>
Telephone:	Facsimile Number: Mobile Number:
Email address	
Contact Details	
Name of Authorising Officer	
Position/Title	
Contact Person (Name and Position/Title)	
Contact Numbers	Telephone: Facsimile Number: Mobile Number:
Email address	

SECTION B

Please answer the following questions (*attach additional sheets as necessary*)

Date of establishment: _____

Date of enrolment of first students (if different from above): _____

Number of new enrolment in last calendar year: _____

List the title of all programmes/courses offered and the first date of enrolment. Please use supplemental sheets as necessary	
List of title of programmes/courses	First Date of Enrolment

List the names of accrediting agencies that accredit your institution, with date of original accreditation and most recent re-accreditation.

1. Has the institution ever been accredited? Yes _____ No _____
If yes, Please list agency: _____
Please give date: _____
2. Has the institution ever had accreditation denied? Yes _____ No _____
If yes, Please list agency: _____
Please give date: _____
3. Has the institution ever had its accreditation terminated? Yes _____ No _____
If yes, Please list agency: _____
Please give date: _____
4. List all programmes which have been accredited. (*Attach separately if necessary*)

Programme	Accrediting Body/Organisation	Date of Initial Accreditation	Date of Last Review	Current Status

Providers are required to submit a narrative outlining how they meet the Eligibility Requirements for Accreditation. This narrative must accompany the application form.

Certification of Application

The provider's President/CEO/Director submits this application for accreditation and officially hereby attests to the following:

1. This is a postsecondary/tertiary educational provider which (*select as appropriate*):
 - a. Formally enrolls students and maintains student records;
 - b. Retains a qualified faculty (staff) to meet students' needs;



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- c. Transmits to students organised learning materials;
 - d. Provides continuous two-way communication on student work, for example, evaluating students' examinations, projects, and/or answering queries, discussion Councils, email, with prompt feedback to given to students;
 - e. Is registered with the Council.
- 2. The institution has had at least two continuous years of successful operation
 - 3. There are no legal actions pending against the institution.
 - 4. No final action has been brought by the Council to revoke the registration/accreditation (*delete as applicable*) status of the institution.
 - 5. No final action has been brought by the Council to withdraw the registration/accredited (*delete as applicable*) status of the institution.
 - 6. No final action has been brought by the Council to terminate the registration/accredited (*delete as applicable*) status of the institution.
 - 7. The officials of the institution have reviewed the Accreditation Standards and supporting materials provided by the Council.
 - 8. The provider understands that, in applying for accreditation, it—
 - (a) submits itself to a review and decision by the Council with regard to its achievement of the Standards for Accreditation;
 - (b) must take the opportunity, as part of the evaluation process, to demonstrate how it meets the Standards for Accreditation;
 - (c) must be forthcoming, complete and accurate in presenting information to, and answering questions of, the Council and its evaluation team;
 - (d) may exercise the right to appeal a denial or withdraw from the accreditation process;
 - (e) accepts responsibility to comply with the Standards of Accreditation and fulfil all obligations as set out by the Council; and
 - (f) accepts responsibility to meet all the relevant costs associated with accreditation process.
 - 9. The institution understands that, in submitting this application and supporting documentation, the accreditation process may include: surveys of and enquiries to relevant stakeholders, observation of lessons, interviews with staff, audit of learning/teaching resources, an on-site visit, evaluation of its programmes and any other means that the Council may deem necessary.

I certify that all of the aforementioned information and supportive documentation are true and correct.

Name: _____

Please Print

Title: _____

Please Print

Signature: _____

Date: _____

Provider Details			
Name			
Street Address			
Mailing Address			
Governing body (e.g. Council, Council, Senate, Director, Manager, etc.)			
Contact Numbers	Telephone:	Facsimile Number:	Mobile Number:
Website			
Email Address			
Contact Details			
Name of Authorising Officer			
Position/Title			
Contact Person (Name and Position/Title)			
Contact Numbers	Telephone:	Facsimile Number:	Mobile Number:
Email address			

Section B - PROGRAMME INFORMATION (ATTACH SEPARATELY IF MORE SPACE IS NEEDED)

Name/Title of Programme <i>Attach completed self-evaluation report for the programme to be accredited.</i>		Qualification Designation (e.g. Certificate, Diploma, BSc.,)	
Admission Requirements:			
Programme Type (please specify):			
Mode of Delivery:	Contact (face-to-face)	Distance	Other (specify):
Has the programme been approved by the governing body? Yes..... No.....		Type/Nature of formal approvals (e.g. validation, accreditation)	
Date of approval:			



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Area(s) of specialisation:
Number of credits:
Time for completion – Full time: (number of weeks/months/years) Minimum _____ Maximum _____
Time for completion – Part time: (number of weeks/months/years) Minimum _____ Maximum _____
Initial date programme was offered: _____
Date of last major revision of the programme: _____
Title and expected implementation date of any planned replacement programme:
Head of Department responsible for offering the programme:
Name and address of awarding body (if different):
Details of each additional delivery site/s (if applicable):
List all other accrediting organisations/bodies:
Indicate whether or not the provider is currently registered with the National Accreditation Council:- YesNo.....
Certificate of Registration No.:

- Describe the articulation possibilities of this programme:-

- Describe the academic and occupational outcomes of this programme.

- Provide the name of the courses/modules which constitute the programme. For each course/module, please specify the programme structure e.g.

- a. Course/module name
- b. Credit per course/module
- c. Compulsory/optional
- d. Core
- e. Year (1, 2, 3, 4)
- f. Total credits per year

Learning Activities

Complete the following table for each year of the PROGRAMME (*ATTACH SEPARATE SHEETS IF MORE SPACE IS NEEDED*)

Mode of Delivery	Types of learning activities	Percent (%) of Learning time	Methods of Assessment
Contact (face-to-face)	Lectures (e.g. face-to-face, limited interaction, technology mediated)		
Distance.....	Tutorials: groups of 30 or less		
Other (please provide detailed explanation).....	Clinical/Field/Laboratory /Work experiences		
	Independent self-study of standard texts and references (study guides, manuals, books, journal)		
	Independent self-study of specially prepared materials (e.g. case studies, multi-media, etc.)		
	Other (please provide detailed explanation)		

- Describe the quality assurance mechanisms that have been put in place for this programme and provide all the supporting documentation (e.g. programme design, development, review and approval processes, procedures for setting and marking the examinations, guidelines/handbook for examiners, etc.).



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SECTION C - STATEMENT OF MANAGEMENT COMMITMENT

- **I/We, the undersigned, confirm** that this application for programme accreditation accurately represents the current status and operations of the *[name of provider]* with regard to the programme(s) listed and is supported by the governing body:-
.....
- **I/We confirm** that the governing body has been advised of the National Accreditation Council's policies and procedures of relevance to the activities of the *[name of provider]* and that to the best of our knowledge these activities comply with relevant requirements therein:-.....
- **I/We confirm** that we have implemented operational policies and procedures to ensure the protection of students and/or the general public:-

The *[name of provider]* understands that, in applying for programme accreditation, it:

- (a) submits its programme(s) to a review and decision by the Council with regard to its achievement of the Standards for Accreditation;
- (b) must take the opportunity, as part of the evaluation process, to demonstrate how it meets the Standards for Accreditation;
- (c) must be forthcoming, complete and accurate in presenting information to, and answering questions of, the Council and its evaluation team;
- (d) may exercise the right to appeal a denial or withdraw from the accreditation process;
- (e) accepts responsibility to comply with the Standards of Programme Accreditation and fulfils all obligations as set out by the Council.
- (f) accepts responsibility to meet all the relevant costs associated with accreditation process.

[Name of provider] understands that, in submitting this application and supporting documentation, the accreditation process may include: surveys of and enquiries to relevant stakeholders, observation of lessons, interviews with staff, audit of learning/teaching resources, an on-site visit, evaluation of its programmes and any other means that the Council may deem necessary.

Declaration ***I/We certify that all of the aforementioned information and supportive documentation are true and correct.***

Name: _____

Representative of the Governing Body

(Please Print)

Title: _____

(Please Print)

Signature _____

Date: _____

Name: _____

Principal/Director/Manager/Administrator/CEO

(Please Print)

Title: _____

(Please Print)

Signature _____

Date: _____

(Official Stamp)