ASSESSMENT OF ACADEMIC CREDENTIALS

**APPLICATION FOR ASSESSMENT OF CREDENTIALS INSTRUCTIONS AND GUIDELINES**

The National Accreditation and Equivalency Council of The Bahamas (NAECOB) has responsibility for the verification and evaluation of credentials. Applicants requesting evaluation or verification of credentials will receive a basic report. This report will describe each credential submitted and give the national and/or international equivalency where applicable.

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| **APPLICANT NAME** |
| (First) (Middle) (Last) |

**GUIDELINES**

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

**Official transcripts(s) mailed from the institution or in a sealed and stamped envelope from the institution.**

**Clear, certified photocopies of degrees, diplomas, academic certificates, etc. issued by institutions attended and/or awarding bodies,** (if submitting a copy, documents must be certified by a Justice of the Peace (JP) or Notary Public).

**Course syllabus, inclusive of course description for all credentials requesting to be evaluated, where applicable.**

**All foreign credentials must be submitted in the original language accompanied by a** **certified translation in English.**

1. NAECOB will retain a record of the application, supporting documents and evaluation report(s) for a **maximum** of one (1) year.
2. If submitting on behalf of an individual, the application must be accompanied by a signed authorization letter from the applicant, and a copy of their current government issued identification.
3. The completed application form **must** be signed and dated.

**ASSESSMENT FEES**

* The fees outlined apply to **EACH** document submitted for review, (each certificate/diploma/degree.)
* Fees are to be paid in **Bahamian Dollars (BSD)** or **United States Dollars (USD)** currency **only**.
* Fees are **NON-REFUNDABLE**.

***Payment options:***

1. In office, **CASH** payment (BSD or USD only)
2. For **DIRECT DEPOSIT**, to The National Accreditation & Equivalency Council of The Bahamas, see below:

|  |  |  |
| --- | --- | --- |
| **BANK NAME** | **BRANCH** | **ACCOUNT NUMBER** |
| Bank of The Bahamas | Harold Road | 122 0000 199 |

*The deposit slip must reference your name (attach a copy of your deposit slip to this form).*

1. **INTERNATIONAL BANK WIRE TRANSFERS** will incur an additional processing fee of $25.00 per transfer, which must be paid at the time of the initial transfer.
2. **LOCAL BANK WIRE TRANSFERS** will incur an additional processing fee of $15.00 per transfer, which must be paid at the time of the initial transfer.

**FEES ARE SUBJECT TO CHANGE.**

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| Standard 15-days Assessment Fee | $25.00 |  | United States | $80.00 | Expedited Fee | $300.00 |
| Duplicate Report Fee | $10.00 (each) |  | Canada, UK, Europe & All Others | $100.00 | Expedited Fee | $500.00 |
| Expedited Fee | $150.00 |  | Duplicate Report Fee | $20.00  (each) |  |  |
| Electronic Mail | $5.00 |  |  |  |  |

**Local Credentials Foreign Credentials**

**PROCESSING FEE**

**(per document)**

**PROCESSING FEE**

**(per document)**

**SUBMISSION OF APPLICATION**

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

**The National Accreditation and Equivalency Council of The Bahamas (NAECOB)**

***Tonique Williams-Darling Highway & Knowles Drive***

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

**Nassau, N.P. The Bahamas**

**Telephone: (242) 328-8872/3**

**Email:info@naecob.org**

**SECTION 1**

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

|  |  |  |
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| **APPLICATION TYPE** | **Initial Application** | **Duplicate Report** |

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

SECTION 2

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

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| **Has any of the listed programme(s) above been previously evaluated:**  YES  NO  If **NO**, skip (Section 3) and continue to “Statement of Confirmation”. If **YES**, please complete all remaining sections. |

SECTION 3

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

**STATEMENT OF CONFIRMATION**

Please indicate the supporting document(s) attached.

Official Transcript

Academic Certificate, Diploma or Degree relevant to application

Certified Photocopy of Certificate, Diploma or Degree relevant to application

Course syllabus, inclusive of course description for all credentials requesting to be evaluated.

Assessment Fee

Cover Page

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

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

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

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