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:

|  |  |  |
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| **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**

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| **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**  |

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| **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

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| **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 [ ]  NOIf **NO**, skip (Section 3) and continue to “Statement of Confirmation”. If **YES**, please complete all remaining sections.  |

SECTION 3

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| **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.

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

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