



APPLICATION FOR PROGRAMME ACCREDITATION

Date of Application: _____

Name of Provider: _____

ACCREDITATION OF POSTSECONDARY/TERTIARY EDUCATIONAL PROVIDERS OPERATING IN BARBADOS

Introduction

The Barbados Accreditation Council was established under the authority of the Barbados Accreditation Council Act 2004-11. Under Section 3(2) of the Act, the Council has been set up as a body corporate with powers to regulate its functions.

One of its functions is to accredit and re-accredit post-secondary or tertiary institutions and programmes of study.

Aim

The aim of accreditation will be to assure educational quality and accountability, and to encourage quality enhancement. It is a voluntary peer review process. The institutional accreditation process involves the comprehensive evaluation of the entire educational organisation against standards established by the BAC.

Each accreditation standard encompasses a principal area of activity. The institution must manifest its integrity and commitment towards quality enhancement through continued voluntary adherence to these standards.

In applying the Standards for Accreditation, the BAC assesses and makes a determination about the current effectiveness of the institution. The institution which meets the standards has demonstrated:

- Clearly defined purposes appropriate to the institution and where applicable, national objectives;
- Assembled and organised resources;
- Achievement of institution's mission and objectives; and
- Ability to continually achieve the stated purpose of the institution.

Accreditation Period

The initial accreditation period will be for three (3), five (5) or seven (7) years depending on for example, the maturity of the provider.

Re-accreditation

All accredited providers are subject to full re-evaluation every three, five or seven years. Where there are grounds for delaying the evaluation (such as recent or impending significant changes), accreditation may be extended for a period, to be determined by the Council.

To become re-accredited, as a provider you must complete the prescribed "**Application for Programme Accreditation**" form which is available from the Barbados Accreditation Council office or its website.

THE BARBADOS ACCREDITATION COUNCIL
APPLICATION FORM FOR PROGRAMME ACCREDITATION

Form A2

Section A

These details are required of providers applying for the accreditation of postsecondary/tertiary education and training programme(s)¹ offered in Barbados.

PROVIDER INFORMATION

Provider Details			
Name			
Street Address			
Mailing Address			
Governing body (e.g. Board, 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			

¹ Programme(s) will be taken to mean course(s) and/or programme(s) of study.

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 <i>(please specify):</i>	
Mode of Delivery:	Contact (face-to-face) <input type="checkbox"/> Distance <input type="checkbox"/> Other <i>(specify):</i>
Has the programme been approved by the governing body? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type/Nature of formal approvals (e.g. validation, accreditation)
Date of approval:	
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 Barbados Accreditation Council. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Certificate of Registration No.:	

Please note that no new programmes may be added during the accreditation process.

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) <input type="checkbox"/>	Lectures (e.g. face-to-face, limited interaction, technology mediated)		
Distance <input type="checkbox"/>	Tutorials: groups of 30 or less		
Other <input type="checkbox"/> (please provide detailed explanation)	Clinical/Field/Laboratory /Work experiences		
	Independent self-study of standard texts and references (study guides, manuals, books, journal articles, etc.)		

Mode of Delivery	Types of learning activities	Percent (%) of Learning time	Methods of Assessment
	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 (eg. programme design, development, review and approval processes, procedures for setting and marking the examinations, guidelines/handbook for examiners, etc.).

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 Barbados 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 Accreditation and fulfil 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.

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

Application Checklist

Yes

___ Enclosed with this application is a cheque/postal order/cash (*delete as applicable*) payable to the **Barbados Accreditation Council**

___ Enclosed is one copy of the institution's catalogue and/or various promotional literature which provides detailed information for each programme for which accreditation is being sought.

___ The appropriate Self-Evaluation Report (SER) will be mailed by the date agreed with the Council.

___ The appropriate curriculum/curricula materials, packaged as indicated, will be mailed by the date agreed with the Council.

Once the *Application for Programme Accreditation* along with supporting documentation is received, the Council will discuss with the provider an appropriate date for the submission of the course materials, Self Evaluation Report (SER), and any other relevant documentation. An on-site review date will also be scheduled for a mutually agreed date after receipt of the SER.

Submit the completed form to:

The Executive Director
Barbados Accreditation Council
123 A&B Plaza Centrale
Roebuck Street
St Michael, BB11080
Barbados, W.I.

Official use only

Date of payment: ___ / ___ / ___
 dd mm yyyy

Receipt No.: _____

For further information contact:

**The Barbados Accreditation Council
123 A & B “Plaza Centrale”
Roebuck Street
St. Michael, BB 11080
Barbados, W.I.
Tel: (246) 436-9094
Fax: (246) 429-9233
Email: info@bac.gov.bb
Website: www.bac.gov.bb**