

# **NATIONAL ACCREDITATION COUNCIL OF GUYANA**



## **APPLICATION FOR RE-REGISTRATION**

# **NATIONAL ACCREDITATION COUNCIL OF GUYANA**

## **GUIDELINES FOR RE-REGISTRATION OF POST-SECONDARY OR TERTIARY EDUCATIONAL PROVIDERS**

Under ACT #12 of 2004, one of the functions of the National Accreditation Council is to register and maintain a database of all registered institutions. Registration of an institution by the National Accreditation Council signifies that the institution is in compliance with threshold operational standards at a tertiary or post-secondary level and authorizes the institution to legally operate in Guyana. Registration is granted for a one year period. Institutions that have obtained registration under the provisions of ACT #12, 2004 become eligible to have their programmes accredited.

Any institution seeking to become re-registered with the National Accreditation Council must adhere to the following conditions:

1. Complete the prescribed re-registration form in its entirety.
2. Submit a financial statement for the last registration period.
3. Provide details of current academic staff.
4. Present a copy of the institution's strategic plan.
5. Pay annual re-registration application fee of \$25,000. This is a non-refundable fee payable by a Manager's cheque to the National Accreditation Council.

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## RE-REGISTRATION APPLICATION FORM

### SECTION A

1. Name of Educational Provider: \_\_\_\_\_

2. Name of Principal/Director: \_\_\_\_\_

3. Address of Institution (Main Campus):

\_\_\_\_\_

Branches:

\_\_\_\_\_

4. Premises: Owned \_\_\_\_\_ Leased \_\_\_\_\_ Rented \_\_\_\_\_

5. Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

6. Previous registration period: \_\_\_\_\_ to \_\_\_\_\_

7. Total enrolment last academic period: \_\_\_\_\_

8. Current number of students enrolled: \_\_\_\_\_

Full-Time \_\_\_\_\_

Part-Time \_\_\_\_\_

9. Graduation Exercise Held: Yes \_\_\_\_\_ No \_\_\_\_\_

10. Number of Graduates \_\_\_\_\_

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## **SECTION B**

Describe any change that occurred during the last registration period with respect to the following:

I. Governance & Administration (Ownership, Governing Board, Organizational structure)

II. Mission Statement

III. Vision Statement

## **SECTION C**

Describe any change in the Institution's Admission & Academic Policies

## **SECTION D**

I. Was there a review of the institution's quality assurance system? If so explain how it was conducted.

II. Was there any change in the institution's quality assurance system? If so explain.

## **SECTION E -Programmes offered**

Was there any major change in educational programmes offered (ie programmes added, removed, modified)? If yes please insert the information below:

<b>Programme Title</b>	<b>Duration and Contact/Credit Hours</b>	<b>Name of Awarding Body (if other than the institution)</b>

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## **SECTION F- Academic Staffing Details**

<b>Name</b>	<b>Present Post and Date of Joining the Institution</b>	<b>Course(s) Taught</b>	<b>No. of Contact Hours</b>	<b>Full-Time Part-Time</b>	<b>Academic Qualifications with Conferring Institution</b>	<b>Membership in Professional Bodies</b>

# **NATIONAL ACCREDITATION COUNCIL OF GUYANA**

Name of Authorized Official: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Institution's Stamp

Please return completed form to:  
**The Executive Director**  
**National Accreditation Council**  
**68 Brickdam**  
**Georgetown**  
**Guyana**