

# ABNAB

---

Antigua and Barbuda National Accreditation Board



**REGISTRATION OF POST-SECONDARY OR TERTIARY  
EDUCATIONAL INSTITUTIONS  
OPERATING IN ANTIGUA AND BARBUDA**

**REGISTRATION FORM**

Date of Application: \_\_\_\_\_

Name of Provider: \_\_\_\_\_

# **REGISTRATION OF POST-SECONDARY OR TERTIARY EDUCATIONAL INSTITUTIONS OPERATING IN ANTIGUA AND BARBUDA**

## **Introduction**

The Antigua and Barbuda National Accreditation Board (ABNAB) was established under the authority of The Accreditation Act no. 4 of 2006. Under Section 3(2) of the Act, the Board has been set up as a body corporate with powers to regulate its functions.

One of its functions is to register institutions which offer post-secondary or tertiary education and programmes of study. According to the Accreditation Act, Section 14(c), the Antigua and Barbuda National Accreditation Board is authorized “to register institutions within and outside Antigua and Barbuda which offers programmes of study in Antigua and Barbuda.

## **Aim**

The aim of registration is to certify that an institution meets or exceeds certain standards required to operate in Antigua and Barbuda.

The registration process is the first step towards accreditation of an institution as it will provide registered providers with a foundation for logical development towards accreditation.

## **Objectives:**

The objectives of registration are to:

- a) Certify that institutions are legally operating within the domain of Antigua and Barbuda;
- b) Certify that institutions (locally, regionally, and internationally) operating in Antigua and Barbuda comply with relevant legislation; and
- c) Develop a register of institutions which have gained approval by the ABNAB.

## **Registration Period**

Institutions may register for THREE years in the first instance. Re-registration is due upon expiration of initial registration period.

# The Antigua and Barbuda National Accreditation Board

## APPLICATION FOR REGISTRATION

Form ABNAB 002/17

### A. GOVERNANCE AND MISSION

1. Name of Institution: \_\_\_\_\_

2. Name of Principal/Director: \_\_\_\_\_  
(Attach curriculum vitae)

3. Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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

4. Premises:            Owned                       Leased                       Rented

5. Date Institution was established: \_\_\_\_\_

6. (a) Date Institution enrolled its first students: \_\_\_\_\_

(b) Date Institution graduated its first students: \_\_\_\_\_

7. Type of Control:             Public                       Private

Religious Affiliation, if any. (please specify)

8. List the names of members of the Board of Governors and state position and qualifications of each member (*attach separately*):

9. State Mission of Institution (*attach separately if necessary*):

---

---

---

---

## B. ADMISSION POLICIES

1. State the requirements for admission of students to your institution and explain any exceptions to these requirements (*attach separately if necessary*):

---

---

---

### 2. **Enrolment and Output**

Where necessary, arrange the following in a table or tables and attach separately:

- a. Full-time enrolment:      Male \_\_\_\_\_                  Female \_\_\_\_\_
- b. Part-time enrolment:      Male \_\_\_\_\_                  Female \_\_\_\_\_
- c. Enrolment by programmes and gender: \_\_\_\_\_
- d. Enrolment by year of study and gender: \_\_\_\_\_
- e. Output over the last three years by programmes and gender: \_\_\_\_\_
- f. Current enrolment number:      Male \_\_\_\_\_                  Female \_\_\_\_\_

## C. EDUCATIONAL PROGRAMMES

1. Levels of offering (*check all that apply*):

- Less than one year of work beyond CXC, GCE O' Level, High School Diploma
  
- At least one, but less than two years of work beyond CXC, GCE O' Level, or High School Diploma
  
- Diploma or Certificate programme of at least two years of work beyond CXC, or GCE O' Level, or High School Diploma
  
- Associate's Degree granting programme
  
- Bachelor's Degree granting programme

- Master's Degree and/or work beyond the first professional degree
- Work beyond the Master's level
- Other (*specify*)

2. Type of programmes (*check all that apply*)

- Occupational training at the craftsman clerical level
- Occupational training at the technical or semi-professional level
- Programmes designed for transfer to a degree
- Teacher training
- General
- Professional
- Other (*specify*)

3. List all programmes offered, their duration, number of credits and the type of award (i.e. certificate, diploma, etc.) earned on the successful completion of the programme (*attach Separately, if more space is needed*):

| <u>Programme</u> | <u>Duration</u> | <u>No. of Credits</u> | <u>Award</u> |
|------------------|-----------------|-----------------------|--------------|
|                  |                 |                       |              |
|                  |                 |                       |              |
|                  |                 |                       |              |
|                  |                 |                       |              |
|                  |                 |                       |              |

4. State what constitutes a normal credit hour load:

- a. Undergraduate: \_\_\_\_\_ Lecture hours \_\_\_\_\_ tutorial hours \_\_\_\_\_
- b. Graduate: \_\_\_\_\_ Lecture hours \_\_\_\_\_ tutorial hours \_\_\_\_\_
- c. Professional: \_\_\_\_\_ Lecture hours \_\_\_\_\_ tutorial hours \_\_\_\_\_
- d. Laboratory work/practicum/job attachment \_\_\_\_\_ hours

5. State the method of assessment of students, for example the number of tests or examinations administered during the programme, their frequency and value. (*Attach separately if more space is needed*):

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

6. List all programmes accredited by other agencies, the agency name and the dates of the last Review. (*Attach separately if more space is needed*)

| <b><u>Programme</u></b> | <b><u>Accreditation Agency</u></b> | <b><u>Date of Last Review</u></b> |
|-------------------------|------------------------------------|-----------------------------------|
|                         |                                    |                                   |
|                         |                                    |                                   |
|                         |                                    |                                   |
|                         |                                    |                                   |

7. State the content each programme/course offered (*attached response separately*).

## D. STAFFING AND PROFESSIONAL DEVELOPMENT

1. Teaching staff

*(Attach separately if more space is needed)*

| Name | Qualifications with conferring institutions and date e.g. B. Sc. (Natural Sciences) UWI<br><i>(Attach curriculum vitae)</i> | Subject (s) or Courses currently teaching | Full-time or Part-time | Total teaching load in hours per-week |
|------|---|---|------------------------|---------------------------------------|
|      |   |   |                        |                                       |
|      |   |   |                        |                                       |
|      |   |   |                        |                                       |
|      |   |   |                        |                                       |

2. Administrative and Technical Support

*(Attach curriculum vitae)*

| Name | Qualification and Institution Attended | Area of Work | Full-time or Part-time |
|------|--|--------------|------------------------|
|      |  |              |                        |
|      |  |              |                        |
|      |  |              |                        |

3. Library Staff  
*(Attach curriculum vitae)*

| Name | Qualifications and Institutions Attended | Area of Work | Full-time or Part-time |
|------|--|--------------|------------------------|
|      |  |              |                        |
|      |  |              |                        |
|      |  |              |                        |

4. Other Professional Staff  
*(Attach curriculum vitae)*

| Name | Qualifications and Institutions Awarded | Area of Work | Full-time or Part-time |
|------|---|--------------|------------------------|
|      |   |              |                        |
|      |   |              |                        |
|      |   |              |                        |

5. Staff Development Policy: State institutional policy and plan for staff development.  
*(Attach response separately)*

**E. STUDENT SUPPORT SERVICES**

1. State the support services available to students *(attach separately if more space is needed)*:

---



---



---



---



---



---



---



**F. LEARNING AND INFORMATION RESOURCES**

1. State the learning resources available to students (*quantify where possible*)

- (a) Library: \_\_\_\_\_ Reference Books: \_\_\_\_\_ Periodicals & Journals: \_\_\_\_\_
- (b) Laboratories: \_\_\_\_\_
- (c) Computers: \_\_\_\_\_
- (d) Internet Access: \_\_\_\_\_
- (e) Audio-visual aids: \_\_\_\_\_
- (f) Other learning resources (*please specify*) \_\_\_\_\_

2. Describe the Library/Learning Resource Centre facilities as follows:

Of the total, estimate square meters devoted to:

- a. Stack areas for shelving volumes \_\_\_\_\_
- b. Seating capacity \_\_\_\_\_
- c. Staff office and work areas \_\_\_\_\_
- d. Other areas (e.g. media productions, learning labs, listening rooms and internet access) \_\_\_\_\_
- e. Total square meters allocated to Library functions \_\_\_\_\_

**G. FINANCES**

1. State

(a) your current fee structure:

---

---

---

---

(b) other sources of revenue:

---

---

---

2. State your revenue and expenditure for the past three years (*provide audited financial statements, where applicable*):

Current **expenditure** for the past 3 years:

| Year | Amount (\$) |
|------|-------------|
|      |             |
|      |             |
|      |             |

Current **revenue** for the past 3 years:

| Year | Amount (\$) |
|------|-------------|
|      |             |
|      |             |
|      |             |

3. Provide Budget Projections for current year.

**H. PHYSICAL PLANT**

1. State area occupied by institution: \_\_\_\_\_ square metres.

Rate each building on each of the following according to the scale indicated:  
*(attach separately if more space is needed)*

1-Excellent    2-Good        3-Satisfactory    4-Marginal    5-Unsatisfactory

| Existing Buildings | Buildings Under Construction | General Adequacy | Size | Fireproof Quality | Present state of Repair or Construction | Lighting |
|--------------------|------------------------------|------------------|------|-------------------|---|----------|
|                    |                              |                  |      |                   |   |          |

2. Please provide the following:

- a) Copy of Floor Plan
- b) Medical Certificate of Compliance
- c) Fire Certificate of Compliance
- d) Environmental Protection Certificate of Compliance

**I. INSTITUTIONAL PLAN**

State:

- (a) The plan for your institution, for example, the annual plan, a five-year plan:
- (b) The method of financing the plan; and
- (c) The evaluation process in place to address the educational, physical and financial growth of your institution (*attach separately if more space is needed*).

---

---

---

---

---

---

---

---

---

---

---

---

Name of Authorised Official:

.....  
*(Print in block letters)*

Title of Officer  
.....

Signature:  
.....

Please return completed to:

The Executive Director  
Antigua and Barbuda National  
Accreditation Board

Official Stamp: (*Institution*)