



Ensuring Quality, Standards and
Recognition for Tertiary
Education

The Grenada National Accreditation Board

Application Form for Short-Course Accreditation

The Grenada National Accreditation Board (GNAB) was established in 2014 and is the duly authorised body by Act No. 15 of 2011 as amended by Act No. 31 of 2014, with responsibility for quality assurance and accreditation of post-secondary and tertiary level institutions in Grenada and advising on the status of quality assurance and accreditation with respect to foreign or transnational, post-secondary and tertiary level programmes and institutions. Post-secondary and tertiary level education and training refer to institutions and programmes which generally require successful completion of secondary schooling or its equivalent, and which lead to the award of qualifications at the sub-baccalaureate, baccalaureate, and postgraduate levels

As part of its functions for quality assurance and accreditation in Grenada, GNAB has established appropriate criteria and processes to facilitate Short Course Accreditation for providers who offer education at the post-secondary and tertiary level outside formal educational systems (formal post-secondary and tertiary institutions must seek institutional Registration and Accreditation which should address quality assurance mechanisms with respect to their short courses). The process for Short course Accreditation established by GNAB evaluates a course against criteria which focus on areas related the provider's mission and governance arrangements, resources and facilities, and teaching and learning practices. A course which has been evaluated by GNAB and found to have satisfied all its criteria and standards for Short Course Accreditation will be awarded the status Accredited Short Course.

The process for Short Course Accreditation and the conduct of the evaluation are outlined in the *Guidelines for Short Course Accreditation (CACC 5.1)* while the criteria are detailed in the *Criteria and Standards for Short Course Accreditation (CACC 5.2)*. Providers should be guided by these documents when completing this form.

Providers should complete both Part A and Part B of the form. Part B must be replicated for each course being submitted for Short Course Accreditation. A concise course specifications document must be submitted along with the completed form for each course.



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PART B - Provider Profile

1. Name of Provider

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2. Main Business Address of Provider

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3. Telephone

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4. Website

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5. Name of Department with responsibility for the course (if applicable):

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6. Head of responsible department:

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7. Staff member responsible for submission: (*liaison on application*)

| | | | |
|-----------|--|--------|--|
| Name | | | |
| Job title | | | |
| Phone | | E-mail | |



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PART B – Course Information

1. Name of course for which application for accreditation is being submitted: (exactly as it appears on certificate)

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2. List any specialisations (if applicable)

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3. Number of contact hours :

| | |
|---------------------|--|
| Teaching | |
| Laboratory/workshop | |

4. Total course duration (in days):

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

5. Delivery modality:

| | |
|--------------|--|
| face-to-face | |
| online | |
| mixed | |

6. Date programme was first delivered:

| | |
|---------|--|
| yyyy/mm | |
|---------|--|

7. Completion date of first graduating cohort:

| | |
|---------|--|
| yyyy/mm | |
|---------|--|

8. External review/ accreditation status

| | Has the status been awarded? | | What is the name of accreditation agency | What are the effective dates? | |
|-----------------------------|------------------------------|----|--|-------------------------------|----------------|
| | yes | no | | Start (dd/mm/yy) | End (dd/mm/yy) |
| Institutional accreditation | | | | | |
| Course accreditation | | | | | |
| Other (please state) | | | | | |



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PART C - Agreement to Terms and Conditions:

I, the undersigned, declare that to the best of my knowledge all statements made in this application are true. I am agree that should the short course be accredited it will maintain compliance with the criteria and general conditions of the status awarded during the period for which it is granted

Name of Authorised Personnel: _____

Signature of Authorised Personnel: _____

Date (dd/mm/yy): _____