



Institutes applications
Accreditation Program Application Form

Please fill out the following application form completely. Incomplete applications may not be considered.

Section 1: Institutional Information

1. Name of Institution: _____

2. Address:

- Country: _____

- State/ City: _____

- Street: _____

- ZIP Code: _____

3. Website: _____

4. Contact Person:

- Name: _____

- Title: _____

- Email: _____

- Phone: _____

Section 2: Institutional Mission and Goals

5. Mission Statement:

(Please provide your institution's mission statement.)

- _____
- _____
- _____

6. Institutional Goals:

(List the primary goals of the institution.)

- _____
- _____
- _____

Section 3: Training Programs:

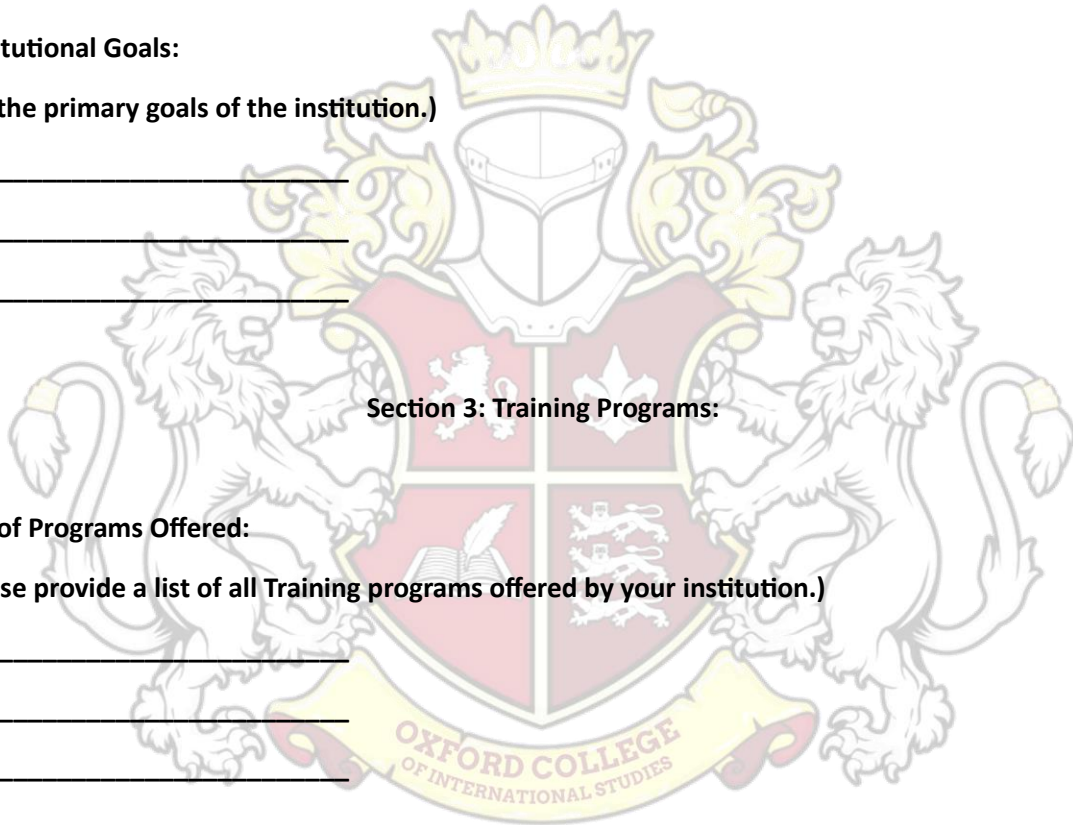
7. List of Programs Offered:

(Please provide a list of all Training programs offered by your institution.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

8. Number of Students:

- Current Enrollment: _____
- Student-Faculty Ratio: _____



Section 4: Academy Information

9. Total Number of trainers:

- Full-Time: _____

- Part-Time: _____

10. Trainers Qualifications:

(Provide a brief overview of trainers qualifications, including degrees held and areas of expertise.)

- _____
- _____
- _____

Section 5: Facilities and Resources

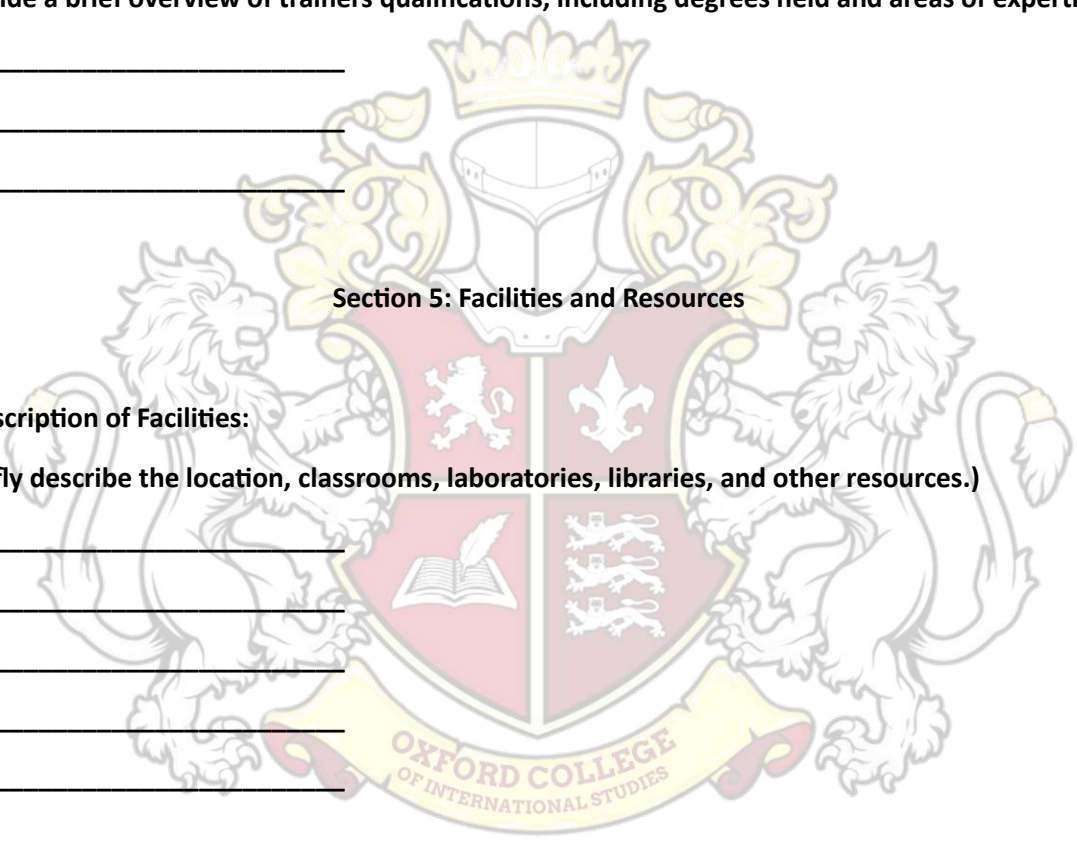
11. Description of Facilities:

(Briefly describe the location, classrooms, laboratories, libraries, and other resources.)

- _____
- _____
- _____
- _____
- _____

12. Additional Resources Available:

- _____
- _____
- _____
- _____



Section 6: Supporting Documentation

13. Please attach the following documents:

- Institutional bylaws
- Recent financial statements
- Course syllabi for each program
- Faculty resumes/CVs
- Any additional relevant documents

Section 7: Accreditation Levels:

What level of accreditation are you looking for?

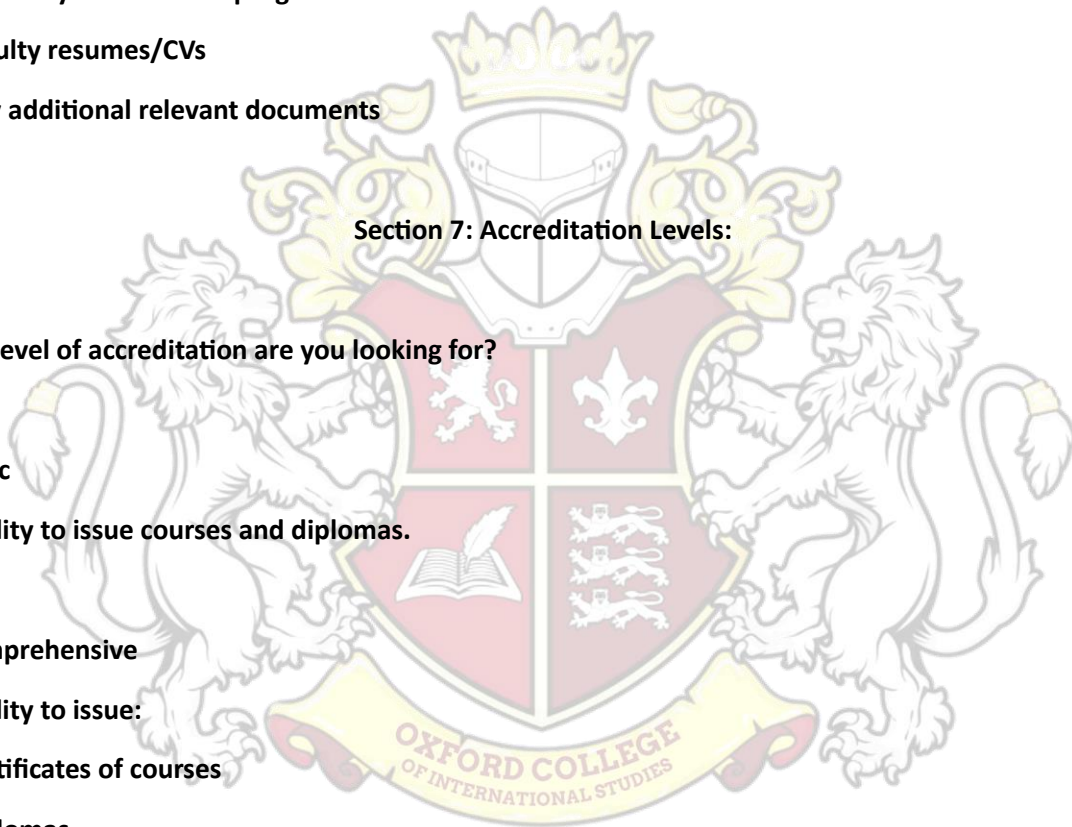
1. Basic

- Ability to issue courses and diplomas.

2. Comprehensive

- Ability to issue:
- Certificates of courses
- Diplomas
- Master's degrees
- PhDs

Answer: _____



Section 8: Certification

By signing below, I certify that the information provided in this application is accurate and complete to the best of my knowledge.

Signature: _____

Name: _____

Title: _____

Date: _____

Thank you for your application! We will review it and get back to you within 7 working days.

