

INTERNATIONAL EDUCATION BOARD



Accreditation Process Policy

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1. Preamble

- 1.1. The International Education Board, hereinafter referred to as IEB, is an independent, private, non-governmental, and non-statutory international education authority committed to quality assurance, accreditation, and standards development across diverse education and training sectors worldwide.
- 1.2. IEB operates as a voluntary quality recognition and benchmarking organization, supporting educational institutions and training providers through structured evaluation, ethical standards, and continuous improvement frameworks.
- 1.3. IEB accreditation is a voluntary quality recognition process designed to support institutions in demonstrating their commitment to quality education, continuous improvement, and ethical practice.
- 1.4. IEB accreditation does not constitute government approval, statutory recognition, degree equivalence, or professional licensure. IEB respects and operates complementary to national and regional regulatory authorities.
- 1.5. This Accreditation Process Policy establishes the procedural framework through which institutions and education providers may apply for, undergo evaluation for, and achieve IEB accreditation.
- 1.6. This policy should be read in conjunction with other IEB policies, including the Accreditation Framework and Standards Policy, Eligibility Criteria Policy, Accreditation Levels and Status Policy, and other applicable IEB governance documents.

2. Purpose

- 2.1. The purpose of this policy is to define the step-by-step process for seeking and obtaining IEB accreditation.
- 2.2. This policy aims to ensure transparency, fairness, and consistency in all accreditation procedures conducted by IEB.
- 2.3. This policy provides clear guidance to applicant institutions on requirements, timelines, and expectations throughout the accreditation journey.
- 2.4. This policy establishes the roles and responsibilities of all parties involved in the accreditation process, including applicant institutions, IEB Secretariat, Review Panels, and the Accreditation Committee.
- 2.5. This policy aims to maintain the integrity and credibility of IEB's accreditation decisions through structured and evidence-based evaluation.
- 2.6. This policy supports institutions in their quality improvement journey through developmental feedback and constructive evaluation.
- 2.7. This policy ensures that learner interests are protected through rigorous quality standards and ethical institutional practices.
- 2.8. This policy establishes a framework that respects institutional autonomy while maintaining consistent quality benchmarks across all applicants.

3. Scope

3.1. Applicability

- 3.1.1. This policy applies to all institutions and education providers seeking IEB accreditation, regardless of sector, size, delivery mode, or geographic location.
- 3.1.2. This policy applies to universities and higher education institutions seeking institutional or program accreditation.
- 3.1.3. This policy applies to schools and pre-university education providers seeking quality recognition.
- 3.1.4. This policy applies to online, distance, blended, and hybrid learning institutions and platforms.
- 3.1.5. This policy applies to homeschooling support organizations and alternative education providers.
- 3.1.6. This policy applies to skill enhancement, vocational, and professional training providers.
- 3.1.7. This policy applies to Continuing Professional Development program providers across all professional sectors.
- 3.1.8. This policy applies to healthcare, aesthetic, dental, and clinical education and training providers.
- 3.1.9. This policy applies to non-formal and lifelong learning institutions and programs.
- 3.1.10. This policy applies to any other institution or provider seeking IEB accreditation across any delivery mode or educational sector.

3.2. Geographic Scope

- 3.2.1. This policy applies globally to institutions operating in any country or jurisdiction.
- 3.2.2. Institutions must comply with applicable local laws and regulations in their jurisdiction of operation.
- 3.2.3. IEB accreditation does not override, replace, or substitute for national or regional regulatory requirements.
- 3.2.4. Institutions operating across multiple jurisdictions must ensure compliance with all applicable regulatory frameworks in each jurisdiction.

3.3. Types of Accreditation Covered

3.3.1. Institutional Accreditation refers to the comprehensive evaluation of an entire institution's quality systems, governance structures, operational processes, and educational outcomes.

3.3.2. Program Accreditation refers to the evaluation of specific educational programs, courses, training offerings, or qualifications within an institution.

3.3.3. Provisional or Candidacy Status refers to pre-accreditation recognition for developing institutions that demonstrate commitment and potential but require further development before full accreditation.

3.3.4. Specialized or Sector Accreditation refers to sector-specific accreditation for specialized fields such as healthcare education, dental training, aesthetic education, or other professional sectors.

3.3.5. Renewal Accreditation refers to the process by which previously accredited institutions seek continuation of their accredited status upon expiry of their current accreditation cycle.

4. Definitions

4.1. **Accreditation** means a voluntary quality recognition process whereby IEB evaluates and publicly recognizes that an institution or program meets established quality standards and benchmarks.

4.2. **Applicant Institution** means an education or training provider that has submitted a formal application for IEB accreditation and is undergoing the evaluation process.

4.3. **Self-Assessment Report** means a comprehensive document prepared by the applicant institution demonstrating how it meets or aligns with IEB standards across all applicable standard areas.

4.4. **Desk Assessment** means a documentary review of all submitted materials conducted by IEB assessors prior to site visit or virtual review.

4.5. **Site Visit** means an on-site evaluation conducted by an IEB Review Panel at the institution's physical premises.

4.6. **Virtual Review** means a remote evaluation conducted by an IEB Review Panel via video conferencing and digital document review.

4.7. **Hybrid Review** means an evaluation combining both site visit and virtual review components.

4.8. **Review Panel** means a group of qualified assessors appointed by IEB to evaluate applicant institutions against IEB standards.

4.9. **Panel Chair** means the experienced assessor who leads the Review Panel and ensures process integrity throughout the evaluation.

4.10. **Accreditation Committee** means the designated IEB body responsible for making final accreditation decisions based on Review Panel recommendations and evaluation findings.

4.11. **Accreditation Cycle** means the validity period of an accreditation award, typically ranging from three to five years depending on accreditation level and status.

4.12. **Quality Improvement Plan** means a structured plan developed by an institution to address areas for development identified during the evaluation process.

4.13. **Evidence Portfolio** means the collection of supporting documentation, policies, records, data, and materials submitted by an applicant to demonstrate compliance with IEB standards.

4.14. **Evaluation Report** means the comprehensive report prepared by the Review Panel documenting findings, strengths, areas for improvement, and recommendations.

4.15. **Accreditation Decision** means the formal determination made by the Accreditation Committee regarding an applicant's accreditation status.

4.16. **Conditions** means specific requirements that an institution must fulfill within a defined timeframe as part of a conditional accreditation decision.

4.17. **Annual Monitoring Report** means the yearly report submitted by accredited institutions to demonstrate continued compliance with IEB standards.

4.18. **Mid-Cycle Review** means an interim evaluation conducted during the accreditation cycle to assess continued compliance and progress.

4.19. **Working Days** means Monday through Friday, excluding public holidays in the jurisdiction of IEB's principal office.

4.20. **IEB Secretariat** means the administrative body responsible for managing the accreditation process and supporting all parties involved.

5. Guiding Principles

The IEB accreditation process is governed by the following fundamental principles:

5.1. Transparency

- 5.1.1. All accreditation processes, criteria, timelines, and decision-making procedures are clearly documented and publicly available.
- 5.1.2. Applicant institutions receive clear information about expectations, requirements, and evaluation criteria at every stage.
- 5.1.3. Accreditation decisions include clear rationale and detailed feedback.
- 5.1.4. IEB maintains public information about its accreditation standards, policies, and procedures.

5.2. Fairness and Equity

- 5.2.1. All applicant institutions are treated equitably, regardless of size, location, sector, delivery mode, or institutional type.
- 5.2.2. The same standards and evaluation criteria are applied consistently across all applicants within the same accreditation category.
- 5.2.3. Evaluation processes are designed to be fair and free from discrimination or bias.
- 5.2.4. Institutions have the right to respond to evaluation findings and appeal decisions through established procedures.

5.3. Evidence-Based Evaluation

- 5.3.1. Accreditation decisions are based on documented evidence, structured assessment, and professional judgment.
- 5.3.2. Evaluators use consistent methodologies and assessment frameworks.
- 5.3.3. Claims made by institutions must be supported by verifiable evidence.
- 5.3.4. Multiple sources of evidence are considered in reaching evaluation conclusions.

5.4. Respect for Institutional Autonomy

- 5.4.1. IEB respects the unique mission, context, vision, and educational philosophy of each institution.
- 5.4.2. Accreditation standards focus on quality outcomes rather than prescribing specific approaches or methodologies.

5.4.3. Institutions may demonstrate compliance with standards through diverse means appropriate to their context.

5.4.4. IEB does not interfere with legitimate institutional decision-making within the bounds of quality standards.

5.5. Continuous Improvement Focus

5.5.1. The accreditation process emphasizes developmental feedback and quality enhancement, not merely compliance verification.

5.5.2. Institutions are encouraged to use accreditation as a tool for ongoing self-improvement.

5.5.3. Recommendations provided focus on supporting institutional development and enhanced educational quality.

5.5.4. The accreditation cycle is designed to promote sustained attention to quality improvement.

5.6. Confidentiality

5.6.1. All information submitted by applicant institutions is treated confidentially.

5.6.2. Evaluation findings and reports are shared only with appropriate parties.

5.6.3. Panel members and IEB personnel are bound by confidentiality obligations.

5.6.4. Public disclosure is limited to accreditation status and scope, with institutional consent.

5.7. Independence and Integrity

5.7.1. Accreditation decisions are made free from external influence, conflicts of interest, or commercial considerations.

5.7.2. Review Panel members must declare and manage any potential conflicts of interest.

5.7.3. The accreditation process is insulated from inappropriate pressure or interference.

5.7.4. IEB maintains operational independence in all accreditation matters.

5.8. Voluntary Participation

5.8.1. Participation in IEB accreditation is entirely voluntary.

5.8.2. IEB accreditation does not imply or replace statutory requirements in any jurisdiction.

5.8.3. Institutions choose to seek IEB accreditation to demonstrate their commitment to quality.

5.8.4. The voluntary nature of accreditation does not diminish the rigor or value of the recognition.

5.9. Learner Protection

5.9.1. The accreditation process prioritizes the interests and protection of learners.

5.9.2. Institutions must demonstrate commitment to student welfare and fair treatment.

5.9.3. Accurate information provision to prospective and current learners is essential.

5.9.4. Ethical educational practices that serve learner interests are fundamental to accreditation.

6. Accreditation Process Overview

- 6.1. The IEB accreditation process consists of seven sequential stages designed to ensure thorough, fair, and transparent evaluation of applicant institutions.
- 6.2. Stage 1 is the Pre-Application and Eligibility Enquiry stage, with an indicative duration of one to two weeks.
- 6.3. Stage 2 is the Formal Application Submission stage, with an indicative duration of two to four weeks.
- 6.4. Stage 3 is the Documentation Review and Desk Assessment stage, with an indicative duration of four to six weeks.
- 6.5. Stage 4 is the Evaluation and Assessment stage, with an indicative duration of four to eight weeks.
- 6.6. Stage 5 is the Accreditation Decision stage, with an indicative duration of two to four weeks.
- 6.7. Stage 6 is the Notification and Outcomes stage, with an indicative duration of one to two weeks.
- 6.8. Stage 7 is the Post-Accreditation Requirements stage, which continues throughout the accreditation cycle.
- 6.9. The total indicative timeline from application to decision is fourteen to twenty-six weeks, which may vary based on institution readiness, complexity, and responsiveness.
- 6.10. Each stage must be satisfactorily completed before proceeding to the next stage.
- 6.11. IEB reserves the right to adjust timelines based on operational requirements while ensuring process integrity is maintained.

7. Stage 1: Pre-Application and Eligibility Enquiry

7.1. Purpose

- 7.1.1. The purpose of this stage is to allow prospective applicants to understand IEB accreditation and its requirements.
- 7.1.2. This stage enables institutions to assess their readiness for the accreditation process.
- 7.1.3. This stage allows confirmation of preliminary eligibility before formal application and fee payment.
- 7.1.4. This stage provides an opportunity for institutions to seek clarification on any aspect of the accreditation process.

7.2. Initial Enquiry

- 7.2.1. Institutions interested in IEB accreditation may submit an enquiry through IEB's official communication channels.
- 7.2.2. The enquiry should include basic information about the institution, including its name, location, sector, and programs offered.
- 7.2.3. IEB Secretariat acknowledges all enquiries within five working days.
- 7.2.4. There is no fee associated with the initial enquiry.

7.3. Information Provision

- 7.3.1. Upon receiving an enquiry, IEB provides comprehensive information about the accreditation process.
- 7.3.2. Information provided includes accreditation standards and criteria applicable to the institution's sector.
- 7.3.3. Information provided includes the IEB Eligibility Criteria Policy.
- 7.3.4. Information provided includes the complete fee structure and payment terms.
- 7.3.5. Information provided includes indicative timelines for the accreditation process.
- 7.3.6. Information provided includes application forms and guidance documents.
- 7.3.7. Information provided includes Self-Assessment Report guidelines and templates.

7.4. Eligibility Self-Check

7.4.1. Institutions are encouraged to review the IEB Eligibility Criteria Policy to determine their qualification for accreditation.

7.4.2. Eligibility criteria include minimum operational period, legal establishment, and other sector-specific requirements.

7.4.3. Institutions should honestly assess their readiness against the published criteria.

7.4.4. Institutions that do not meet eligibility criteria are advised to address gaps before proceeding.

7.5. Pre-Application Consultation

7.5.1. IEB offers optional consultative meetings to discuss institutional readiness and expectations.

7.5.2. Consultations may be conducted virtually or in-person depending on circumstances.

7.5.3. Consultations provide an opportunity to discuss the accreditation scope most appropriate for the institution.

7.5.4. Consultations are advisory in nature and do not constitute a commitment from either party.

7.5.5. Additional fees may apply for extended consultation services.

7.6. Eligibility Confirmation

7.6.1. Based on information provided, IEB confirms preliminary eligibility or identifies concerns.

7.6.2. Eligibility confirmation is preliminary and subject to verification during the formal application stage.

7.6.3. Institutions meeting preliminary eligibility criteria may proceed to Stage 2.

7.6.4. Institutions not meeting criteria are advised on gaps and potential pathways to eligibility.

7.7. Documentation Required at This Stage

7.7.1. Basic institutional profile including name, location, legal status, and sector of operation.

7.7.2. Overview of programs, courses, or training offerings.

7.7.3. Confirmation of current operational status.

7.7.4. Information on any relevant statutory registrations, for reference purposes only.

7.7.5. Contact details for the designated institutional representative.

7.8. Outcomes of Stage 1

- 7.8.1. Institution receives complete guidance materials for the accreditation process.
- 7.8.2. Preliminary eligibility is confirmed, or concerns are identified for resolution.
- 7.8.3. Institution makes an informed decision on whether to proceed with formal application.
- 7.8.4. Institution understands the commitment, timelines, and resources required for accreditation.

8. Stage 2: Formal Application Submission

8.1. Purpose

8.1.1. The purpose of this stage is the formal submission of an application and all required documentation for IEB accreditation.

8.1.2. This stage establishes the official commencement of the accreditation process.

8.1.3. This stage enables IEB to verify eligibility and assess application completeness.

8.2. Application Form

8.2.1. Institutions must complete the official IEB application form in full.

8.2.2. The application form must be signed by an authorized representative of the institution.

8.2.3. All sections of the application form must be completed accurately and truthfully.

8.2.4. Incomplete application forms will be returned for completion.

8.3. Institutional Profile

8.3.1. Institutions must submit a comprehensive institutional profile document.

8.3.2. The institutional profile must include the history and background of the institution.

8.3.3. The institutional profile must include the mission, vision, and values of the institution.

8.3.4. The institutional profile must include the governance structure and leadership team.

8.3.5. The institutional profile must include the legal status and registration details.

8.3.6. The institutional profile must include an organizational chart and key personnel.

8.3.7. The institutional profile must include information on campuses, facilities, or platforms.

8.4. Self-Assessment Report

8.4.1. Institutions must prepare a detailed Self-Assessment Report demonstrating alignment with IEB standards.

8.4.2. The Self-Assessment Report must address each applicable IEB standard area.

8.4.3. The Self-Assessment Report must provide evidence and examples supporting claims of compliance.

8.4.4. The Self-Assessment Report must identify institutional strengths and achievements.

8.4.5. The Self-Assessment Report must acknowledge areas for development and improvement plans.

8.4.6. The Self-Assessment Report should follow the guidelines provided in Annexure A.

8.4.7. The Self-Assessment Report must be an honest and reflective document, not merely promotional material.

8.5. Evidence Portfolio

8.5.1. Institutions must submit an evidence portfolio supporting the claims made in the Self-Assessment Report.

8.5.2. Evidence may include policies, procedures, records, data, samples, and other documentation.

8.5.3. Evidence must be organized and referenced clearly to the corresponding standard areas.

8.5.4. Evidence must be current and accurately reflect institutional practices.

8.5.5. Guidance on evidence requirements is provided in Annexure C.

8.6. Program Documentation

8.6.1. For program accreditation applications, detailed program documentation must be submitted.

8.6.2. Program documentation must include curricula and syllabi.

8.6.3. Program documentation must include learning outcomes and competency frameworks.

8.6.4. Program documentation must include assessment frameworks and sample assessments.

8.6.5. Program documentation must include program delivery methods and resources.

8.6.6. Program documentation must include faculty qualifications and profiles.

8.7. Application Fee Payment

8.7.1. The application fee must be paid at the time of application submission.

8.7.2. The application fee is non-refundable regardless of the outcome of the application.

8.7.3. The current application fee amount is specified in the IEB fee schedule.

8.7.4. Applications will not be processed until payment is confirmed.

8.8. Declaration and Undertaking

- 8.8.1. Institutions must submit a signed declaration and undertaking.
- 8.8.2. The declaration confirms the accuracy and truthfulness of all information provided.
- 8.8.3. The undertaking confirms the institution's commitment to ethical conduct throughout the process.
- 8.8.4. The undertaking confirms acceptance of IEB's terms, policies, and procedures.
- 8.8.5. The declaration must be signed by the institution's chief executive or authorized representative.

8.9. Submission Process

- 8.9.1. All application documents must be submitted via IEB's designated submission portal or accepted method.
- 8.9.2. Documents should be submitted in the formats specified by IEB.
- 8.9.3. IEB Secretariat acknowledges receipt of the application within five working days.
- 8.9.4. A completeness check is conducted within ten working days of receipt.
- 8.9.5. If the application is incomplete, the institution is notified and given fifteen working days to provide missing items.
- 8.9.6. Once complete, the application is assigned a unique reference number.
- 8.9.7. The institution is notified of the reference number and confirmation to proceed to Stage 3.

8.10. Application Validity

- 8.10.1. Applications remain valid for six months from the date of submission.
- 8.10.2. If evaluation is not completed within this period due to applicant delays, the application may be closed.
- 8.10.3. Institutions may request a one-time extension of up to three months with valid justification.
- 8.10.4. Extensions are granted at IEB's discretion.
- 8.10.5. Closed applications require new submission and payment of applicable fees.

9. Stage 3: Documentation Review and Desk Assessment

9.1. Purpose

9.1.1. The purpose of this stage is to conduct a thorough review of all submitted documentation.

9.1.2. This stage assesses preliminary compliance with IEB standards based on documentary evidence.

9.1.3. This stage determines readiness to proceed to the evaluation stage.

9.1.4. This stage identifies areas requiring further exploration during evaluation.

9.2. Assessor Assignment

9.2.1. IEB assigns qualified assessors with relevant expertise to conduct the desk assessment.

9.2.2. Assessors are selected based on their experience in the institution's sector and delivery mode.

9.2.3. Conflict of interest checks are conducted before assessor assignment.

9.2.4. Assessors with personal, professional, or financial connections to the applicant are excluded.

9.2.5. Assessors sign confidentiality and conflict of interest declarations.

9.3. Document Analysis

9.3.1. Assessors conduct a detailed review of the Self-Assessment Report against IEB standards.

9.3.2. Assessors examine the evidence portfolio to verify claims made in the Self-Assessment Report.

9.3.3. Assessors assess the completeness, coherence, and quality of documentation.

9.3.4. Assessors identify strengths evident from the documentation.

9.3.5. Assessors identify gaps, inconsistencies, or areas requiring clarification.

9.4. Clarification Requests

9.4.1. Assessors may request additional information or clarification from the applicant institution.

- 9.4.2. Clarification requests are communicated in writing through IEB Secretariat.
- 9.4.3. Institutions are given a reasonable timeframe, typically ten working days, to respond to clarification requests.
- 9.4.4. Failure to respond to clarification requests may delay the process or affect readiness determination.

9.5. Preliminary Assessment Report

- 9.5.1. Assessors prepare an internal desk assessment report summarizing their findings.
- 9.5.2. The report includes an overview of documentation received and reviewed.
- 9.5.3. The report includes preliminary compliance mapping against IEB standards.
- 9.5.4. The report includes identified strengths based on documentary evidence.
- 9.5.5. The report includes areas requiring further exploration during evaluation.
- 9.5.6. The report includes a recommendation regarding readiness to proceed.

9.6. Readiness Determination

- 9.6.1. Based on the desk assessment, a determination is made on readiness to proceed to Stage 4.
- 9.6.2. If the institution is ready to proceed, the application advances to the Evaluation and Assessment stage.
- 9.6.3. If additional information is required, the institution is given an opportunity to submit supplementary materials.
- 9.6.4. If the institution is not ready, it is advised of significant gaps and may defer the application to address concerns.
- 9.6.5. If fundamental eligibility issues are identified, the application may be declined with partial fee refund per the fee policy.

9.7. Notification of Outcome

- 9.7.1. The institution is notified in writing of the desk assessment outcome within five working days of completion.
- 9.7.2. If proceeding to Stage 4, information about the evaluation process and next steps is provided.
- 9.7.3. If not proceeding, detailed feedback on gaps and recommendations is provided.

10. Stage 4: Evaluation and Assessment

10.1. Purpose

10.1.1. The purpose of this stage is to conduct a comprehensive evaluation of the institution or program.

10.1.2. This stage involves assessment by a Review Panel through site visits, virtual reviews, or hybrid approaches.

10.1.3. This stage gathers evidence beyond documentation through interviews, observations, and verification.

10.1.4. This stage produces findings and recommendations for the Accreditation Committee.

10.2. Review Panel Composition

10.2.1. A Review Panel is constituted for each evaluation, consisting of qualified assessors.

10.2.2. The Panel Chair is an experienced assessor who leads the review and ensures process integrity.

10.2.3. Subject or Sector Experts are assessors with expertise in the institution's sector or program area.

10.2.4. A Quality Assurance Specialist with expertise in educational quality systems and accreditation is included.

10.2.5. An International Member from a different region may be included for global perspective where appropriate.

10.2.6. Panel size is typically two to four members depending on institutional size and complexity.

10.2.7. Panel composition is determined by IEB based on the nature of the institution and accreditation scope.

10.3. Conflict of Interest Management

10.3.1. All panel members sign conflict of interest declarations before assignment.

10.3.2. Members with personal, professional, or financial connections to the applicant are excluded.

10.3.3. The applicant institution is informed of proposed panel members.

10.3.4. Institutions may raise reasoned objections to specific panel members within five working days.

10.3.5. IEB considers objections and makes final decisions on panel composition.

10.3.6. Panel members must maintain independence and objectivity throughout the evaluation.

10.4. Evaluation Methods

10.4.1. Document Review involves detailed analysis of all submitted materials and any additional documentation.

10.4.2. Site Visit involves physical visit to the institution's premises for campus-based institutions.

10.4.3. Virtual Review involves remote evaluation via video conferencing for online providers or where site visits are impractical.

10.4.4. Hybrid Review involves a combination of virtual and physical evaluation components.

10.4.5. Stakeholder Interviews involve meetings with leadership, faculty, staff, students, and other stakeholders.

10.4.6. Facility Inspection involves review of physical or digital infrastructure, learning resources, and support systems.

10.4.7. Records Verification involves sampling and verification of student records, assessments, and administrative processes.

10.4.8. The specific methods used are determined based on the institution's nature, delivery mode, and accreditation scope.

10.5. Site Visit and Virtual Review Process

10.5.1. The visit or review schedule is shared with the institution at least ten working days in advance.

10.5.2. The institution prepares logistics, documents, and stakeholder availability as specified.

10.5.3. An opening meeting is held where the Panel meets with institutional leadership to discuss scope, process, and schedule.

10.5.4. Evidence gathering occurs through interviews, observations, document sampling, and facility review.

10.5.5. The Panel meets privately to discuss findings during private deliberation sessions.

10.5.6. A closing meeting is held where the Panel provides preliminary verbal feedback to the institution.

10.5.7. Preliminary feedback provided at the closing meeting is indicative only and non-binding.

10.5.8. The institution has an opportunity to provide clarification or additional information if requested.

10.6. Stakeholder Interviews

10.6.1. The Panel conducts interviews with a range of institutional stakeholders.

10.6.2. Interviews typically include senior leadership and governance representatives.

10.6.3. Interviews typically include academic and teaching staff across different programs.

10.6.4. Interviews typically include administrative and support staff.

10.6.5. Interviews typically include current students from various programs and levels.

10.6.6. Interviews may include graduates and alumni where feasible.

10.6.7. Interviews may include external stakeholders such as employers or partners where relevant.

10.6.8. Interview participants are selected through a combination of institutional nomination and Panel selection.

10.6.9. Interviews are conducted in a manner that allows honest and open feedback.

10.7. Evidence Gathering

10.7.1. The Panel gathers evidence through multiple methods to triangulate findings.

10.7.2. Evidence includes documentation provided by the institution.

10.7.3. Evidence includes observations made during site visits or virtual reviews.

10.7.4. Evidence includes information gathered through stakeholder interviews.

10.7.5. Evidence includes verification of records and samples.

10.7.6. Evidence includes review of facilities, resources, and systems.

10.7.7. All evidence is documented and retained for reference.

10.8. Evaluation Report

10.8.1. The Review Panel prepares a comprehensive Evaluation Report following the site visit or virtual review.

10.8.2. The report includes an executive summary of key findings and recommendations.

- 10.8.3. The report includes an institutional or program overview based on evaluation.
- 10.8.4. The report includes a description of the methodology used.
- 10.8.5. The report includes detailed findings against each IEB standard area.
- 10.8.6. The report includes identified strengths and commendations.
- 10.8.7. The report includes areas for improvement and recommendations.
- 10.8.8. The report includes an overall assessment and recommendation to the Accreditation Committee.
- 10.8.9. The report is prepared objectively based on evidence gathered during evaluation.

10.9. Institutional Response

- 10.9.1. The institution receives the draft Evaluation Report for factual accuracy review.
- 10.9.2. The institution is given fifteen working days to submit a factual accuracy response.
- 10.9.3. The response should focus on factual corrections, not disagreement with evaluator judgments.
- 10.9.4. The institution may provide additional evidence to support factual corrections.
- 10.9.5. The Panel considers the institutional response and makes appropriate amendments.
- 10.9.6. The final Evaluation Report is prepared incorporating valid corrections.
- 10.9.7. The final report is submitted to the Accreditation Committee for decision.

11. Stage 5: Accreditation Decision

11.1. Decision-Making Body

- 11.1.1. The IEB Accreditation Committee is the designated body responsible for making all accreditation decisions.
- 11.1.2. The Accreditation Committee operates independently of the Review Panels.
- 11.1.3. The Committee bases its decisions on the final Evaluation Report and supporting documentation.
- 11.1.4. The Committee may request additional information or clarification before making a decision.
- 11.1.5. The Committee's composition and procedures are governed by the Accreditation Decision-Making and Oversight Policy.

11.2. Basis for Decision

- 11.2.1. Decisions are based on the final Evaluation Report from the Review Panel.
- 11.2.2. Decisions consider the institutional response to the Evaluation Report.
- 11.2.3. Decisions consider alignment with IEB standards and policies.
- 11.2.4. Decisions consider the recommendations from the Review Panel.
- 11.2.5. Decisions may consider any additional information requested by the Committee.

11.3. Decision-Making Principles

- 11.3.1. Decisions are evidence-based, relying solely on documented evidence and professional assessment.
- 11.3.2. Standards are applied consistently across all applicants.
- 11.3.3. Decisions are independent and free from external pressure or commercial influence.
- 11.3.4. All decisions are formally documented with clear rationale.
- 11.3.5. Decisions are subject to appeal through established procedures.

11.4. Possible Accreditation Decisions

- 11.4.1. Accreditation Granted means the institution or program fully meets IEB standards and accredited status is awarded for the standard cycle.

11.4.2. Accreditation Granted with Conditions means standards are substantially met and accreditation is awarded subject to addressing specified conditions within a defined timeframe.

11.4.3. Provisional or Candidacy Status means the institution demonstrates commitment and potential but requires further development, and provisional status is awarded with a clear pathway to full accreditation.

11.4.4. Deferral means the decision is deferred pending additional information, follow-up visit, or resolution of specific concerns.

11.4.5. Accreditation Not Granted means the institution does not meet required standards and accreditation is declined with detailed feedback.

11.5. Conditions and Timeframes

11.5.1. Where accreditation is granted with conditions, the conditions are clearly specified in writing.

11.5.2. Timeframes for meeting conditions are defined, typically six to twelve months.

11.5.3. Evidence requirements for condition clearance are clearly stated.

11.5.4. Institutions must submit evidence of condition fulfillment within the specified timeframe.

11.5.5. IEB reviews evidence and confirms condition clearance or requests further action.

11.5.6. Failure to meet conditions within the specified timeframe may result in status change or withdrawal.

11.6. Decision Timeline

11.6.1. The Accreditation Committee meets within twenty working days of receiving the final Evaluation Report.

11.6.2. The decision is communicated to the institution within ten working days of the Committee meeting.

12. Stage 6: Notification and Outcomes

12.1. Formal Notification

- 12.1.1. Following the Accreditation Committee's decision, a formal decision letter is issued to the institution.
- 12.1.2. The decision letter is issued within ten working days of the Committee's decision.
- 12.1.3. The decision letter is addressed to the institution's chief executive or authorized representative.
- 12.1.4. The decision letter clearly states the outcome of the accreditation application.

12.2. Decision Letter Contents

- 12.2.1. The decision letter includes a clear statement of the accreditation decision.
- 12.2.2. The decision letter includes the accreditation status and level awarded, if applicable.
- 12.2.3. The decision letter includes the validity period with start and end dates.
- 12.2.4. The decision letter includes any conditions and associated timeframes, if applicable.
- 12.2.5. The decision letter includes key commendations and recommendations.
- 12.2.6. The decision letter includes next steps and post-accreditation requirements.
- 12.2.7. The decision letter includes information on appeals rights and procedures.

12.3. Detailed Feedback Report

- 12.3.1. A comprehensive feedback report accompanies the decision letter.
- 12.3.2. The feedback report includes detailed commendations identifying institutional strengths.
- 12.3.3. The feedback report includes conditions, if any, with clear requirements and timeframes.
- 12.3.4. The feedback report includes recommendations for further quality enhancement.
- 12.3.5. The feedback report is intended to support the institution's ongoing improvement efforts.

12.4. Accreditation Certificate

- 12.4.1. For successful applicants, an official accreditation certificate is issued within fifteen working days of the decision.

- 12.4.2. The certificate confirms the accredited status, level, scope, and validity period.
- 12.4.3. The certificate bears official IEB insignia and authorized signatures.
- 12.4.4. The certificate remains the property of IEB and must be returned if accreditation is withdrawn.

12.5. Digital Recognition Assets

- 12.5.1. Accredited institutions receive official digital assets for use on websites and materials.
- 12.5.2. Digital assets include the IEB accreditation seal or badge.
- 12.5.3. Use of digital assets must comply with the IEB Logo Use and Intellectual Property Policy.
- 12.5.4. Digital assets are provided in appropriate formats for various applications.

12.6. Directory Listing

- 12.6.1. Accredited institutions are listed in IEB's public Accredited Institutions Directory.
- 12.6.2. Listing is subject to institutional consent.
- 12.6.3. Directory entries include the institution name, location, accreditation scope, and validity.
- 12.6.4. Institutions may request specific details to be included or excluded from the public listing.
- 12.6.5. IEB maintains the accuracy of directory information and updates it as necessary.

12.7. Verification Access

- 12.7.1. IEB provides a verification system through which third parties may confirm institutional accreditation status.
- 12.7.2. Verification confirms the institution name, accreditation scope, level, and validity period.
- 12.7.3. The verification system is accessible through IEB's official website.
- 12.7.4. Institutions may direct enquirers to the verification system for confirmation of status.

12.8. Unsuccessful Applications

- 12.8.1. Institutions not granted accreditation receive detailed feedback on areas not meeting standards.
- 12.8.2. The feedback includes specific recommendations for improvement.

12.8.3. Information on reapplication eligibility and process is provided.

12.8.4. Appeals procedure information is provided with the decision.

12.9. Reapplication Following Unsuccessful Decision

12.9.1. Institutions may reapply after a minimum of six months from the decision date.

12.9.2. Reapplication should demonstrate substantial improvements in areas identified as not meeting standards.

12.9.3. Reapplication requires new application submission and payment of applicable fees.

12.9.4. Previous documentation may be referenced but updated materials reflecting improvements must be submitted.

12.9.5. Reapplication is subject to the same process as initial applications.

13. Stage 7: Post-Accreditation Requirements

13.1. Purpose

13.1.1. The purpose of this stage is to ensure ongoing quality maintenance throughout the accreditation cycle.

13.1.2. This stage promotes continuous improvement and sustained attention to quality.

13.1.3. This stage enables IEB to monitor continued compliance with accreditation standards.

13.1.4. This stage ensures the integrity and value of IEB accreditation is maintained.

13.2. Ongoing Obligations of Accredited Institutions

13.2.1. Accredited institutions must continue meeting IEB standards throughout the accreditation cycle.

13.2.2. Accredited institutions must submit annual monitoring reports as per IEB requirements.

13.2.3. Accredited institutions must inform IEB of significant changes to governance, programs, delivery mode, ownership, or legal status.

13.2.4. Accredited institutions must cooperate with any mid-cycle monitoring activities.

13.2.5. Accredited institutions must address any conditions within specified timeframes.

13.2.6. Accredited institutions must use accreditation status accurately as per the Recognition and Representation Policy.

13.2.7. Accredited institutions must maintain fee payments as per the IEB fee schedule.

13.2.8. Accredited institutions must respond promptly to IEB communications and information requests.

13.2.9. Accredited institutions must notify IEB of any complaints, legal proceedings, or regulatory actions that may affect their accredited status.

13.3. Annual Monitoring Report

13.3.1. Accredited institutions must submit an annual monitoring report to IEB.

13.3.2. The annual report is due on the anniversary of the accreditation decision or another date specified by IEB.

- 13.3.3. The annual report must include confirmation of continued compliance with IEB standards.
- 13.3.4. The annual report must include key developments and improvements since the last report.
- 13.3.5. The annual report must include any changes to governance, programs, or operations.
- 13.3.6. The annual report must include student enrollment and completion data.
- 13.3.7. The annual report must include quality improvement activities undertaken.
- 13.3.8. The annual report must include any challenges, concerns, or significant issues encountered.
- 13.3.9. The annual report must include progress on recommendations from the Evaluation Report.
- 13.3.10. Failure to submit the annual report may result in accreditation status review.

13.4. Notification of Significant Changes

- 13.4.1. Institutions must notify IEB in writing of any significant changes within thirty days of the change occurring or being planned.
- 13.4.2. Significant changes include changes to institutional governance or ownership structure.
- 13.4.3. Significant changes include changes to legal status or corporate structure.
- 13.4.4. Significant changes include changes to institutional name or branding.
- 13.4.5. Significant changes include major changes to programs, qualifications, or delivery modes.
- 13.4.6. Significant changes include opening, closing, or relocating campuses or delivery sites.
- 13.4.7. Significant changes include significant changes to faculty or leadership.
- 13.4.8. Significant changes include financial difficulties, legal proceedings, or regulatory actions.
- 13.4.9. Significant changes include any event that may materially affect the institution's ability to meet IEB standards.
- 13.4.10. IEB assesses notified changes and determines if additional review or action is required.

13.5. Mid-Cycle Review

- 13.5.1. IEB may conduct mid-cycle reviews during the accreditation cycle.
- 13.5.2. Scheduled mid-cycle reviews may occur at the midpoint of the accreditation cycle for certain accreditation levels.
- 13.5.3. Triggered mid-cycle reviews may occur if concerns arise from monitoring, complaints, or other sources.
- 13.5.4. Mid-cycle reviews may involve desk review of annual reports and documentation.
- 13.5.5. Mid-cycle reviews may involve virtual meetings with institutional leadership.
- 13.5.6. Mid-cycle reviews may involve site visits in cases of significant concern.
- 13.5.7. The scope and method of mid-cycle review is determined by IEB based on circumstances.
- 13.5.8. Institutions are notified in advance of mid-cycle reviews and their scope.
- 13.5.9. Mid-cycle review findings may result in confirmation of continued status, additional conditions, or status review.

13.6. Condition Clearance

- 13.6.1. Where accreditation was granted with conditions, institutions must address conditions within specified timeframes.
- 13.6.2. Institutions must submit evidence demonstrating fulfillment of each condition.
- 13.6.3. Evidence is reviewed by designated IEB assessors.
- 13.6.4. If conditions are satisfactorily met, the institution is notified of condition clearance.
- 13.6.5. If conditions are not satisfactorily met, further evidence may be requested or a follow-up review conducted.
- 13.6.6. Failure to meet conditions within the specified timeframe may result in extension, status change, or withdrawal of accreditation.

13.7. Renewal Accreditation

- 13.7.1. Accreditation is granted for a defined cycle period, typically three to five years.
- 13.7.2. Institutions wishing to maintain accredited status must apply for renewal before the current cycle expires.
- 13.7.3. Renewal applications must be submitted at least six months before the accreditation expiry date.
- 13.7.4. The renewal process is a streamlined evaluation focusing on continued compliance and improvements since initial accreditation.

13.7.5. Renewal evaluation considers the institution's track record during the accreditation cycle.

13.7.6. Renewal evaluation considers progress on recommendations from previous evaluations.

13.7.7. Renewal evaluation considers any issues arising during monitoring.

13.7.8. Successful renewal results in a new accreditation cycle.

13.7.9. The renewal process is detailed in the Accreditation Validity, Monitoring, and Review Policy.

13.8. Lapse of Accreditation

13.8.1. Accreditation lapses automatically at the end of the accreditation cycle if renewal has not been granted.

13.8.2. Institutions must cease using IEB accreditation status, certificates, and marks upon lapse.

13.8.3. Lapsed institutions are removed from the Accredited Institutions Directory.

13.8.4. Institutions may apply for new accreditation following lapse, subject to standard application procedures.

14. Timelines and Indicative Schedule

14.1. Standard Timeline Overview

14.1.1. The standard accreditation process from application to decision takes approximately fourteen to twenty-six weeks.

14.1.2. Stage 1, Pre-Application and Eligibility Enquiry, has an indicative duration of one to two weeks.

14.1.3. Stage 2, Formal Application Submission and Completeness Check, has an indicative duration of two to four weeks.

14.1.4. Stage 3, Documentation Review and Desk Assessment, has an indicative duration of four to six weeks.

14.1.5. Stage 4, Evaluation and Assessment including site visit or virtual review, has an indicative duration of four to eight weeks.

14.1.6. Stage 5, Accreditation Decision, has an indicative duration of two to four weeks.

14.1.7. Stage 6, Notification and Certificate Issuance, has an indicative duration of one to two weeks.

14.1.8. Stage 7, Post-Accreditation Requirements, continues throughout the accreditation cycle.

14.2. Factors Affecting Timeline

14.2.1. Timelines may vary based on the completeness and quality of application submission.

14.2.2. Timelines may vary based on the institution's responsiveness to information requests and clarifications.

14.2.3. Timelines may vary based on the complexity of the institution or program being evaluated.

14.2.4. Timelines may vary based on scheduling of site visits or virtual reviews.

14.2.5. Timelines may vary based on the volume of applications being processed by IEB.

14.2.6. Timelines may vary based on the availability of qualified assessors for the specific sector.

14.2.7. Timelines may vary based on geographic or logistical factors for site visits.

14.3. IEB Commitments

- 14.3.1. IEB commits to acknowledging application receipt within five working days.
- 14.3.2. IEB commits to completing application completeness checks within ten working days.
- 14.3.3. IEB commits to providing evaluation schedules at least ten working days before site visits or virtual reviews.
- 14.3.4. IEB commits to Accreditation Committee meetings within twenty working days of receiving final Evaluation Reports.
- 14.3.5. IEB commits to communicating decisions within ten working days of Committee meetings.
- 14.3.6. IEB commits to issuing certificates within fifteen working days of successful decisions.

14.4. Applicant Responsibilities

- 14.4.1. Applicants are responsible for submitting complete applications to minimize delays.
- 14.4.2. Applicants are responsible for responding to clarification requests within specified timeframes.
- 14.4.3. Applicants are responsible for ensuring stakeholder availability for site visits or virtual reviews.
- 14.4.4. Applicants are responsible for submitting factual accuracy responses within fifteen working days.
- 14.4.5. Delays caused by applicant non-responsiveness may extend the overall timeline.

14.5. Expedited Review

- 14.5.1. In exceptional circumstances, institutions may request expedited processing.
- 14.5.2. Expedited requests are subject to IEB capacity and discretion.
- 14.5.3. Additional fees may apply for expedited processing.
- 14.5.4. The quality and thoroughness of evaluation is not compromised in expedited reviews.
- 14.5.5. Not all applications are suitable for expedited processing.

15. Fees and Payment

15.1. Fee Categories

15.1.1. IEB accreditation involves several fee categories to cover different aspects of the process.

15.1.2. The Application Fee is a non-refundable fee payable at the time of application submission.

15.1.3. The Assessment Fee covers evaluation, Review Panel costs, and site visit or virtual review expenses.

15.1.4. The Accreditation Fee is payable upon successful accreditation and issuance of certificate.

15.1.5. The Annual Maintenance Fee is an annual fee for maintaining accredited status throughout the cycle.

15.1.6. The Renewal Fee is payable at the time of renewal application.

15.1.7. Additional fees may apply for expedited processing, additional site visits, or extended consultations.

15.2. Fee Schedule

15.2.1. A detailed fee schedule is available separately and is provided during the Pre-Application stage.

15.2.2. Fees vary based on institution type, size, complexity, and accreditation scope.

15.2.3. Fees may differ for institutional accreditation, program accreditation, and specialized accreditation.

15.2.4. The fee schedule is reviewed annually by IEB.

15.2.5. Changes to fees are communicated in advance and do not affect applications in progress.

15.3. Payment Terms

15.3.1. Fees are payable in advance as specified for each stage.

15.3.2. The Application Fee must be paid with the application submission.

15.3.3. The Assessment Fee must be paid before the commencement of Stage 4.

15.3.4. The Accreditation Fee must be paid before the issuance of the accreditation certificate.

15.3.5. Annual Maintenance Fees are due on the anniversary of accreditation or as otherwise specified.

15.3.6. Payment methods accepted are specified in the fee schedule and IEB finance procedures.

15.3.7. All fees are stated in the currency specified by IEB.

15.4. Refund Policy

15.4.1. The Application Fee is non-refundable under all circumstances.

15.4.2. The Assessment Fee is partially refundable if the application is withdrawn before commencement of Stage 4.

15.4.3. No refund of the Assessment Fee is available once Stage 4 has commenced.

15.4.4. The Accreditation Fee is non-refundable once the certificate has been issued.

15.4.5. Annual Maintenance Fees are non-refundable.

15.4.6. Specific refund amounts are detailed in the IEB fee schedule.

15.5. Non-Payment Consequences

15.5.1. Failure to pay required fees may result in suspension of the application process.

15.5.2. Failure to pay Annual Maintenance Fees may result in accreditation status review.

15.5.3. Persistent non-payment may result in withdrawal of accreditation.

15.5.4. Institutions with outstanding fees may not proceed with renewal applications.

16. Withdrawal of Application

16.1. Voluntary Withdrawal

- 16.1.1. Applicant institutions may withdraw their application at any time during the process.
- 16.1.2. Withdrawal must be communicated in writing to IEB Secretariat.
- 16.1.3. The written notice must be signed by the institution's authorized representative.
- 16.1.4. IEB acknowledges the withdrawal in writing within five working days.

16.2. Reasons for Withdrawal

- 16.2.1. Institutions may withdraw for any reason without obligation to provide detailed justification.
- 16.2.2. Common reasons for withdrawal include changes in institutional circumstances or priorities.
- 16.2.3. Common reasons include recognition that further preparation is needed before proceeding.
- 16.2.4. Common reasons include financial or operational constraints.
- 16.2.5. IEB may request feedback on reasons for withdrawal to improve its processes.

16.3. Refund on Withdrawal

- 16.3.1. If withdrawal occurs before Stage 3 commencement, the Assessment Fee is refunded and the Application Fee is non-refundable.
- 16.3.2. If withdrawal occurs during Stage 3, partial refund of the Assessment Fee may be provided at IEB discretion.
- 16.3.3. If withdrawal occurs during or after Stage 4, no refund is available.
- 16.3.4. Specific refund calculations are based on the stage reached and costs incurred.

16.4. Consequences of Withdrawal

- 16.4.1. Upon withdrawal, the application is closed and no further processing occurs.
- 16.4.2. Documents submitted remain on file subject to the retention policy.
- 16.4.3. Withdrawal does not preclude future applications.
- 16.4.4. Withdrawal is recorded in IEB records but is not publicly disclosed.

16.5. Reapplication After Withdrawal

- 16.5.1. Institutions may reapply at any time after voluntary withdrawal.
- 16.5.2. Reapplication requires new application submission and payment of applicable fees.
- 16.5.3. Previously submitted documentation may be reused if still current and accurate.
- 16.5.4. Institutions should address any concerns identified prior to withdrawal before reapplying.

16.6. IEB-Initiated Closure

- 16.6.1. IEB may close an application if the institution becomes non-responsive for an extended period.
- 16.6.2. Non-responsiveness is defined as failure to respond to IEB communications for more than sixty days.
- 16.6.3. Before closure, IEB sends a final notice allowing fifteen working days for response.
- 16.6.4. If no response is received, the application is closed and the institution is notified.
- 16.6.5. Refunds for IEB-initiated closure follow the same principles as voluntary withdrawal based on stage reached.

17. Confidentiality and Data Handling

17.1. Confidentiality Commitment

- 17.1.1. IEB treats all information submitted by applicant institutions as confidential.
- 17.1.2. Confidential information includes application materials and supporting documents.
- 17.1.3. Confidential information includes Self-Assessment Reports and evidence portfolios.
- 17.1.4. Confidential information includes evaluation findings and reports.
- 17.1.5. Confidential information includes communications between IEB and applicants.
- 17.1.6. Confidential information includes information gathered during site visits and interviews.
- 17.1.7. IEB personnel, assessors, and Committee members are bound by confidentiality obligations.

17.2. Use of Information

- 17.2.1. Information submitted is used solely for the purposes of the accreditation process.
- 17.2.2. Information is shared only with IEB personnel, assessors, and Committee members involved in the process.
- 17.2.3. Information is not shared with third parties without institutional consent except as specified in this policy.
- 17.2.4. Information may be used in aggregated, anonymized form for research, reporting, or process improvement.

17.3. Disclosure Exceptions

- 17.3.1. Information may be disclosed with written consent of the institution.
- 17.3.2. Information may be disclosed as required by law or legal process.
- 17.3.3. Information may be disclosed to IEB assessors, Committee members, and staff involved in the process under confidentiality obligations.
- 17.3.4. Accreditation status and scope may be disclosed publicly upon successful accreditation with institutional consent.
- 17.3.5. Information may be disclosed to protect public interest or learner welfare in exceptional circumstances.

17.4. Data Protection

- 17.4.1. All data handling complies with IEB's Data Protection and Privacy Policy.
- 17.4.2. IEB implements appropriate technical and organizational measures to protect data.
- 17.4.3. Personal data is processed in accordance with applicable data protection principles.
- 17.4.4. Institutions are responsible for ensuring they have appropriate consents for personal data included in submissions.

17.5. Document Retention

- 17.5.1. Application materials for successful applications are retained for seven years from the decision date.
- 17.5.2. Application materials for unsuccessful applications are retained for three years from the decision date.
- 17.5.3. Application materials for withdrawn applications are retained for three years from the withdrawal date.
- 17.5.4. After the retention period, materials are securely destroyed unless continued retention is required by law.
- 17.5.5. Institutions may request return or destruction of materials after the retention period.

17.6. Access to Information

- 17.6.1. Institutions may request access to information IEB holds about them.
- 17.6.2. Access requests are processed in accordance with IEB's Data Protection and Privacy Policy.
- 17.6.3. IEB responds to access requests within thirty days.

18. Appeals and Complaints

18.1. Right to Appeal

- 18.1.1. Applicant institutions have the right to appeal accreditation decisions.
- 18.1.2. Appeals must be based on legitimate grounds as specified in this policy.
- 18.1.3. Appeals are not an opportunity to reargue the case or substitute different judgment for that of evaluators.
- 18.1.4. The appeals process ensures fairness and provides recourse for genuine concerns.

18.2. Grounds for Appeal

- 18.2.1. Appeals may be based on procedural irregularity in the conduct of the accreditation process.
- 18.2.2. Appeals may be based on evidence of bias or conflict of interest affecting the evaluation or decision.
- 18.2.3. Appeals may be based on material factual error in the evaluation findings.
- 18.2.4. Appeals may be based on new evidence that was not available during the evaluation and could materially affect the outcome.
- 18.2.5. Disagreement with evaluator judgment, where that judgment was properly exercised, is not grounds for appeal.

18.3. Appeals Process Overview

- 18.3.1. Appeals must be submitted in writing within thirty working days of the decision notification.
- 18.3.2. Appeals must clearly state the grounds for appeal and provide supporting evidence.
- 18.3.3. Appeals must specify the outcome sought.
- 18.3.4. An appeal fee may be payable as specified in the fee schedule.
- 18.3.5. Appeals are reviewed by an independent Appeals Panel.
- 18.3.6. The Appeals Panel may uphold the original decision, modify the decision, or refer the matter for reconsideration.
- 18.3.7. The Appeals Panel decision is communicated within forty-five working days of receiving the appeal.
- 18.3.8. The Appeals Panel decision is final.

18.4. Detailed Appeals Procedure

18.4.1. The detailed appeals procedure is set out in the IEB Complaints, Appeals, and Grievance Policy.

18.4.2. Institutions intending to appeal should consult the full policy before submitting an appeal.

18.4.3. IEB Secretariat can provide guidance on the appeals process upon request.

18.5. Complaints

18.5.1. Complaints regarding any aspect of the accreditation process may be submitted to IEB.

18.5.2. Complaints should be submitted in writing to IEB Secretariat.

18.5.3. Complaints are handled in accordance with the IEB Complaints, Appeals, and Grievance Policy.

18.5.4. IEB is committed to addressing complaints fairly, promptly, and constructively.

18.5.5. Complaints may lead to process improvements even if the specific complaint is not upheld.

19. Roles and Responsibilities

19.1. Applicant Institution Responsibilities

- 19.1.1. The applicant institution is responsible for ensuring eligibility before applying for accreditation.
- 19.1.2. The applicant institution is responsible for preparing complete and accurate application materials.
- 19.1.3. The applicant institution is responsible for submitting a truthful Self-Assessment Report and evidence.
- 19.1.4. The applicant institution is responsible for responding to information requests promptly and fully.
- 19.1.5. The applicant institution is responsible for facilitating site visits and providing access to stakeholders.
- 19.1.6. The applicant institution is responsible for maintaining confidentiality of process details as appropriate.
- 19.1.7. The applicant institution is responsible for paying all applicable fees in accordance with the fee schedule.
- 19.1.8. The applicant institution is responsible for complying with all post-accreditation requirements if accredited.
- 19.1.9. The applicant institution is responsible for using accreditation status accurately and ethically.
- 19.1.10. The applicant institution is responsible for notifying IEB of significant changes.

19.2. IEB Secretariat Responsibilities

- 19.2.1. IEB Secretariat is responsible for processing applications efficiently and fairly.
- 19.2.2. IEB Secretariat is responsible for communicating clearly with applicant institutions throughout the process.
- 19.2.3. IEB Secretariat is responsible for assigning qualified assessors and managing conflicts of interest.
- 19.2.4. IEB Secretariat is responsible for coordinating evaluation activities and site visits.
- 19.2.5. IEB Secretariat is responsible for maintaining confidentiality of all application materials.

19.2.6. IEB Secretariat is responsible for supporting the Accreditation Committee with complete documentation.

19.2.7. IEB Secretariat is responsible for issuing decision letters, certificates, and maintaining records.

19.2.8. IEB Secretariat is responsible for monitoring accredited institutions throughout the cycle.

19.2.9. IEB Secretariat is responsible for providing guidance and support to applicants as needed.

19.3. Review Panel Responsibilities

19.3.1. Review Panel members are responsible for conducting objective, evidence-based evaluation.

19.3.2. Review Panel members are responsible for maintaining independence and declaring conflicts of interest.

19.3.3. Review Panel members are responsible for preparing comprehensive, fair evaluation reports.

19.3.4. Review Panel members are responsible for providing constructive feedback and recommendations.

19.3.5. Review Panel members are responsible for maintaining strict confidentiality.

19.3.6. Review Panel members are responsible for meeting timelines and quality expectations.

19.3.7. Review Panel members are responsible for treating institutional representatives with respect and professionalism.

19.3.8. The Panel Chair is responsible for leading the Review Panel and ensuring process integrity.

19.4. Accreditation Committee Responsibilities

19.4.1. The Accreditation Committee is responsible for making fair, consistent, evidence-based decisions.

19.4.2. The Accreditation Committee is responsible for applying standards uniformly across all applicants.

19.4.3. The Accreditation Committee is responsible for ensuring decisions are properly documented with clear rationale.

19.4.4. The Accreditation Committee is responsible for maintaining independence from external influence.

19.4.5. The Accreditation Committee is responsible for reviewing and improving accreditation processes.

19.4.6. The Accreditation Committee is responsible for considering appeals panel recommendations where applicable.

20. Policy Review

20.1. Review Frequency

- 20.1.1. This policy is reviewed every two years from the effective date.
- 20.1.2. Reviews may occur more frequently if circumstances require.
- 20.1.3. Significant changes in accreditation practice, stakeholder feedback, or operational experience may trigger earlier review.

20.2. Review Responsibility

- 20.2.1. The IEB Secretariat is responsible for initiating and coordinating policy reviews.
- 20.2.2. The review process includes consultation with the Accreditation Committee.
- 20.2.3. The review process may include consultation with external stakeholders and accredited institutions.
- 20.2.4. The review considers feedback received, operational experience, and best practices.

20.3. Approval Authority

- 20.3.1. Amendments to this policy require approval by the IEB Governing Board.
- 20.3.2. Minor editorial changes may be approved by the Director of IEB Secretariat.
- 20.3.3. Substantive changes require full Board consideration and approval.

20.4. Version Control

- 20.4.1. All versions of this policy are documented and retained.
- 20.4.2. The current version is published on the IEB website.
- 20.4.3. Previous versions are archived and available upon request.
- 20.4.4. The version number and effective date are clearly displayed on all policy documents.

20.5. Communication of Changes

- 20.5.1. Changes to this policy are communicated to all accredited institutions.
- 20.5.2. Changes are published on the IEB website.
- 20.5.3. Applicants in process are informed of any changes that may affect their application.
- 20.5.4. Reasonable notice is provided before changes take effect.

21. Disclaimer and Legal Position

21.1. Non-Statutory Status

- 21.1.1. IEB is an independent, private, non-governmental, and non-statutory organization.
- 21.1.2. IEB is not a government body, regulator, or licensing authority.
- 21.1.3. IEB accreditation is a voluntary quality recognition process.
- 21.1.4. IEB accreditation does not constitute government approval or statutory recognition.
- 21.1.5. IEB accreditation does not constitute regulatory licensing or authorization.

21.2. No Legal Equivalence

- 21.2.1. IEB accreditation does not grant degree equivalence.
- 21.2.2. IEB accreditation does not grant professional licensure.
- 21.2.3. IEB accreditation does not grant legal recognition of qualifications.
- 21.2.4. Accredited status does not override, replace, or substitute for national or regional regulatory approvals required in any jurisdiction.
- 21.2.5. Recognition of qualifications remains subject to the requirements of relevant authorities in each jurisdiction.

21.3. Institutional Responsibility

- 21.3.1. Institutions remain solely responsible for ensuring compliance with all applicable laws and regulations in their jurisdiction of operation.
- 21.3.2. IEB accreditation is complementary to, not a replacement for, statutory obligations.
- 21.3.3. Institutions must not represent IEB accreditation as government approval or regulatory recognition.
- 21.3.4. Institutions are responsible for accurate representation of their accreditation status.

21.4. Limitation of Liability

- 21.4.1. IEB shall not be liable for any decisions made by third parties regarding the recognition or acceptance of IEB-accredited institutions or their qualifications.
- 21.4.2. Third parties include governments, employers, professional bodies, and other educational institutions.

21.4.3. IEB provides accreditation based on evaluation against its standards and makes no warranty regarding third-party recognition.

21.4.4. IEB's liability is limited to the extent permitted by applicable law.

21.5. Governing Principles

21.5.1. This policy is governed by principles of fairness, transparency, and good practice in international quality assurance.

21.5.2. This policy is intended to be interpreted consistently with IEB's mission as a supportive, quality-focused accreditation body.

21.5.3. In the event of any ambiguity, this policy shall be interpreted in a manner consistent with IEB's stated positioning and values.

22. Conclusion

22.1. This Accreditation Process Policy establishes a comprehensive, transparent, and rigorous framework for institutions seeking IEB accreditation.

22.2. The seven-stage process is designed to ensure thorough evaluation while supporting institutions in their quality improvement journey.

22.3. IEB is committed to fairness, consistency, and integrity in all accreditation activities.

22.4. The accreditation process balances rigorous standards with respect for institutional autonomy and diversity.

22.5. Through this process, IEB seeks to recognize and promote quality in education and training across all sectors and delivery modes.

22.6. IEB acknowledges that accreditation is a partnership between IEB and applicant institutions, built on mutual commitment to quality and continuous improvement.

22.7. IEB welcomes feedback on this policy and its implementation to support ongoing enhancement of accreditation practices.

22.8. Institutions considering IEB accreditation are encouraged to contact IEB Secretariat for guidance and support throughout their accreditation journey.

22.9. IEB remains committed to its mission of supporting quality education worldwide through voluntary accreditation, standards development, and ethical practice.

22.10. This policy, read in conjunction with other IEB policies and frameworks, provides a complete guide to the IEB accreditation process and the mutual obligations of all parties involved.

23. Annexures

23.1. Annexure A: Self-Assessment Report Guidelines

- 23.1.1. Annexure A provides detailed guidance on preparing a comprehensive Self-Assessment Report aligned with IEB standards.
- 23.1.2. The annexure includes structure and format requirements for the Self-Assessment Report.
- 23.1.3. The annexure includes guidance on addressing each standard area.
- 23.1.4. The annexure includes examples of evidence types appropriate for different standards.
- 23.1.5. The annexure is available as a separate document from IEB Secretariat.

23.2. Annexure B: Application Checklist

- 23.2.1. Annexure B provides a complete checklist of all required application materials.
- 23.2.2. The checklist supports institutions in ensuring application completeness before submission.
- 23.2.3. The annexure is available as a separate document from IEB Secretariat.

23.3. Annexure C: Evidence Portfolio Requirements

- 23.3.1. Annexure C provides guidance on evidence requirements for each standard area.
- 23.3.2. The annexure includes examples of acceptable evidence types.
- 23.3.3. The annexure includes guidance on evidence organization and presentation.
- 23.3.4. The annexure is available as a separate document from IEB Secretariat.

23.4. Annexure D: Site Visit Preparation Guide

- 23.4.1. Annexure D provides guidance for institutions preparing for IEB site visits or virtual reviews.
- 23.4.2. The guide includes information on logistics, stakeholder preparation, and documentation requirements.
- 23.4.3. The annexure is available as a separate document from IEB Secretariat.

23.5. Annexure E: Sample Evaluation Timeline

- 23.5.1. Annexure E provides an illustrative timeline for a typical accreditation evaluation.

23.5.2. The sample timeline demonstrates the sequencing and duration of activities.

23.5.3. The annexure is available as a separate document from IEB Secretariat.

23.6. Annexure F: Glossary of Terms

23.6.1. Annexure F provides extended definitions of terms used in IEB accreditation.

23.6.2. The glossary supplements the definitions provided in Section 4 of this policy.

23.6.3. The annexure is available as a separate document from IEB Secretariat.

24. Document Control

24.1. Document Information

24.1.1. Document Title: Accreditation Process Policy

24.1.2. Document Code: IEB-POL-002

24.1.3. Version: 1.0

24.1.4. Effective Date: January 2026

24.1.5. Next Review Date: January 2029

24.1.6. Prepared by: International Education Board Quality Assurance Division

24.1.7. Approved By: IEB Governing Council

24.1.8. Classification: Public

24.2. Version History

24.2.1. Version 1.0 represents the initial release of this policy.

24.2.2. Future versions will be documented with version number, date, and summary of changes.

24.2.3. All previous versions are archived and available upon request.

24.3. Related Documents

24.3.1. IEB Accreditation Framework and Standards Policy (IEB-POL-001)

24.3.2. IEB Eligibility Criteria Policy (IEB-POL-003)

24.3.3. IEB Accreditation Levels and Status Policy (IEB-POL-004)

24.3.4. IEB Accreditation Validity, Monitoring, and Review Policy (IEB-POL-005)

24.3.5. IEB Complaints, Appeals, and Grievance Policy (IEB-POL-006)

24.3.6. IEB Data Protection and Privacy Policy (IEB-POL-007)

24.3.7. IEB Recognition and Representation Policy (IEB-POL-008)

24.3.8. IEB Logo Use and Intellectual Property Policy (IEB-POL-009)

24.3.9. IEB Accreditation Decision-Making and Oversight Policy (IEB-POL-010)

25. Approval

Policy Approval

25. 1. This policy has been reviewed and approved by the IEB Governing Board.
25. 2. Approval signifies that the policy is consistent with IEB's mission, values, and governance framework.
25. 3. The policy takes effect from the Effective Date stated in this document.

End of Document

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