

INTERNATIONAL EDUCATION BOARD



Accreditation Framework & Standards

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Accreditation Framework & Standards

1 INTRODUCTION

The Accreditation Framework & Standards of the International Education Board (IEB) establishes a structured, transparent, and internationally aligned system for evaluating educational institutions and training providers. This framework serves as the foundational reference for voluntary accreditation across diverse education sectors.

IEB accreditation is a quality assurance mechanism designed to promote institutional excellence, learner protection, and continuous improvement.

Purpose of This Framework:

This document serves as the comprehensive reference for understanding IEB accreditation requirements, processes, and standards. It is intended for use by prospective applicant institutions, currently accredited institutions, accreditation reviewers, and stakeholders seeking to understand IEB quality assurance mechanisms.

Framework Development:

This framework has been developed through extensive consultation with educational experts, institutional representatives, quality assurance professionals, and international best practice review. It reflects contemporary educational quality assurance principles while remaining adaptable to diverse educational contexts.

Guiding Principles:

The IEB Accreditation Framework is guided by the following principles:

- Transparency: Clear, accessible, and consistently applied standards
 - Fairness: Equitable treatment of all applicant institutions
 - Evidence-Based: Decisions grounded in documented evidence
 - Continuous Improvement: Focus on institutional growth and development
 - Stakeholder Protection: Safeguarding learner and public interests
 - International Alignment: Consistency with global quality assurance practices
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2 OBJECTIVES

The IEB Accreditation Framework has been established to achieve the following objectives:

Primary Objectives:

1. To define minimum quality benchmarks for educational institutions and training providers
2. To promote accountability and transparency in education delivery
3. To support continuous institutional improvement through structured evaluation
4. To provide international credibility through recognized quality assurance processes

Secondary Objectives:

5. To protect learners by ensuring institutions meet quality standards
6. To facilitate recognition of quality education across borders
7. To encourage innovation while maintaining quality assurance
8. To build public confidence in accredited institutions
9. To create a community of quality-focused educational providers
10. To support institutions in achieving their educational missions

Strategic Goals:

- Establish IEB as a recognized international quality assurance body
 - Develop sector-specific standards that address unique educational contexts
 - Create pathways for institutional improvement and development
 - Foster collaboration among accredited institutions
 - Contribute to global educational quality enhancement
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3 SCOPE OF ACCREDITATION

This framework applies to educational institutions and training providers across diverse sectors. IEB accreditation is available to institutions regardless of geographic location, provided they meet eligibility requirements and commit to the accreditation process.

Eligible Institution Types:

Universities and Higher Education Institutions

- Public and private universities
- Colleges and degree-granting institutions
- Graduate schools and research institutions
- Professional schools (law, business, medicine)

Schools and Pre-University Education

- Primary and elementary schools
- Secondary and high schools
- International schools
- Specialized academies

Online and Distance Learning Providers

- Fully online institutions
- Blended learning providers
- Massive Open Online Course (MOOC) platforms
- Virtual academies

Homeschooling and Alternative Education Models

- Homeschool curriculum providers
- Umbrella schools
- Microschools
- Alternative education programs

Healthcare, Aesthetic, and Dental Education

- Medical and nursing schools
- Dental education programs
- Allied health training
- Aesthetic and cosmetic training institutes
- Continuing medical education providers

Skill Enhancement, CPD, and Professional Training Institutes

- Corporate training providers
- Professional development organizations

- Vocational training centers
- Technical institutes
- Certification bodies

Eligibility Requirements:

To be eligible for IEB accreditation, institutions must:

1. Be legally established and registered in their jurisdiction of operation
 2. Have been operational for a minimum of two (2) years
 3. Have graduated at least one cohort of learners (preferred but not mandatory for provisional accreditation)
 4. Demonstrate financial stability and sustainability
 5. Commit to the accreditation process and continuous improvement
 6. Agree to comply with IEB policies, procedures, and ethical standards
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4 CORE ACCREDITATION DOMAINS

All institutions seeking IEB accreditation are evaluated against seven core domains. These domains represent the fundamental aspects of educational quality and institutional effectiveness. Each domain contains multiple standards with specific criteria and evidence requirements.

4.1 GOVERNANCE & INSTITUTIONAL MANAGEMENT

Domain Overview:

This domain evaluates the structures, policies, and practices through which an institution is governed, managed, and held accountable. Effective governance provides the foundation for institutional quality and sustainability.

Standard G1: Legal Status and Institutional Legitimacy

Criteria:

- G1.1: The institution possesses valid legal registration and/or incorporation documents
- G1.2: The institution operates in compliance with applicable laws and regulations
- G1.3: The institution maintains appropriate licenses and permits for its operations
- G1.4: The institution's legal structure is appropriate for its educational mission

Evidence Requirements:

- Certificate of registration or incorporation
- Business licenses and permits
- Regulatory compliance documentation
- Legal structure documentation

Standard G2: Governance Structure and Leadership Roles

Criteria:

- G2.1: The institution has a clearly defined governance structure with documented roles and responsibilities
- G2.2: A governing board or equivalent body provides oversight and strategic direction
- G2.3: Senior leadership positions are filled by qualified individuals
- G2.4: There is clear separation between governance and management functions
- G2.5: Decision-making processes are documented and consistently followed

Evidence Requirements:

- Organizational chart
- Governance bylaws or charter
- Board/governing body composition and credentials
- Meeting minutes and decision records
- Job descriptions for leadership positions

Standard G3: Strategic Planning and Sustainability

Criteria:

- G3.1: The institution has a documented strategic plan with clear goals and objectives
- G3.2: The strategic plan is aligned with the institution's mission and vision
- G3.3: Resources are allocated in accordance with strategic priorities
- G3.4: Progress toward strategic goals is monitored and reported
- G3.5: The institution demonstrates financial sustainability
- G3.6: Risk management processes are in place

Evidence Requirements:

- Strategic plan document
- Mission and vision statements
- Budget allocation documentation
- Progress reports and performance metrics
- Financial statements (audited, where applicable)
- Risk assessment documentation

Standard G4: Ethical Governance Practices

Criteria:

- G4.1: The institution has a documented code of ethics or conduct
- G4.2: Conflict of interest policies are established and enforced
- G4.3: Financial management is transparent and accountable
- G4.4: Anti-corruption and integrity measures are in place
- G4.5: Stakeholder interests are considered in decision-making
- G4.6: Complaints and grievances related to governance can be raised and addressed

Evidence Requirements:

- Code of ethics/conduct
- Conflict of interest policy and declarations
- Financial audit reports
- Anti-corruption policy
- Stakeholder engagement records
- Governance-related complaint procedures

4.2 ACADEMIC & TRAINING PROGRAMS

Domain Overview:

This domain evaluates the design, delivery, and outcomes of educational programs. Quality programs are well-designed, effectively delivered, and achieve their intended learning outcomes.

Standard A1: Program Objectives and Learning Outcomes

Criteria:

- A1.1: Each program has clearly defined objectives aligned with institutional mission
- A1.2: Learning outcomes are specific, measurable, and appropriate to the qualification level
- A1.3: Learning outcomes are communicated to learners and stakeholders
- A1.4: Learning outcomes reflect current professional and/or academic expectations
- A1.5: Graduate attributes are defined and embedded in programs

Evidence Requirements:

- Program objectives documentation
- Learning outcome statements for all programs
- Program handbooks and prospectuses
- Stakeholder consultation records
- Graduate attribute mapping

Standard A2: Curriculum Structure and Relevance

Criteria:

- A2.1: Curricula are structured logically with appropriate sequencing and progression
- A2.2: Content is current, relevant, and reflects contemporary knowledge and practice
- A2.3: Credit hours or learning hours are appropriate for expected outcomes
- A2.4: Theory and practice are appropriately balanced
- A2.5: Curricula incorporate diverse perspectives and inclusive content
- A2.6: Industry or professional input informs curriculum development

Evidence Requirements:

- Curriculum documents and syllabi
- Course outlines and lesson plans
- Credit hour calculations
- Practical component documentation
- Advisory board or industry consultation records
- Curriculum review documentation

Standard A3: Alignment with Academic or Professional Standards

Criteria:

- A3.1: Programs align with relevant national qualification frameworks where applicable
- A3.2: Professional programs meet requirements of relevant professional bodies
- A3.3: Programs incorporate applicable international standards and benchmarks
- A3.4: Transferability and articulation pathways are documented where relevant

Evidence Requirements:

- Qualification framework alignment documentation
- Professional body recognition or approval (where applicable)
- Benchmarking studies
- Articulation agreements

Standard A4: Program Review and Update Mechanisms

Criteria:

- A4.1: Programs are systematically reviewed on a regular cycle
- A4.2: Review processes incorporate stakeholder feedback
- A4.3: Review findings lead to documented improvements
- A4.4: New program development follows established approval processes
- A4.5: Program discontinuation is managed responsibly

Evidence Requirements:

- Program review schedule and reports
- Stakeholder feedback analysis
- Improvement action plans
- Program approval procedures
- Program discontinuation policy (if applicable)

4.3 FACULTY & HUMAN RESOURCES

Domain Overview:

This domain evaluates the qualifications, development, and management of academic staff. Quality education requires qualified, supported, and continuously developing educators.

Standard F1: Faculty Qualifications and Experience

Criteria:

- F1.1: Faculty possess qualifications appropriate to their teaching responsibilities
- F1.2: Faculty qualifications meet or exceed sector norms and regulatory requirements

- F1.3: Faculty have relevant professional or academic experience
- F1.4: Verification processes confirm authenticity of credentials
- F1.5: A mix of academic and practical expertise is represented

Evidence Requirements:

- Faculty credential records
- CV/resume for all academic staff
- Credential verification documentation
- Faculty qualification policy
- Faculty profile summary

Standard F2: Recruitment and Performance Evaluation

Criteria:

- F2.1: Recruitment processes are fair, transparent, and merit-based
- F2.2: Position requirements are clearly defined
- F2.3: Performance evaluation is conducted regularly using defined criteria
- F2.4: Evaluation results inform professional development and personnel decisions
- F2.5: Underperformance is addressed through supportive processes

Evidence Requirements:

- Recruitment policy and procedures
- Job descriptions and person specifications
- Performance evaluation forms and criteria
- Sample evaluation records (anonymized)
- Performance improvement procedures

Standard F3: Continuous Professional Development

Criteria:

- F3.1: A professional development policy is established and communicated
- F3.2: CPD opportunities are provided or supported
- F3.3: Faculty maintain currency in their disciplines
- F3.4: Pedagogical development is supported
- F3.5: CPD participation is documented and monitored

Evidence Requirements:

- CPD policy
- Training records and certificates
- Conference and workshop participation records
- Professional membership records
- CPD planning documents

Standard F4: Trainer-to-Learner Ratios

Criteria:

- F4.1: Staffing levels are adequate for effective program delivery
- F4.2: Class sizes support effective learning
- F4.3: Practical and clinical training maintains appropriate supervision ratios
- F4.4: Workload is distributed appropriately among faculty

Evidence Requirements:

- Staffing data and ratios
- Class size records
- Supervision ratio documentation
- Workload allocation records

4.4 LEARNING INFRASTRUCTURE & RESOURCES

Domain Overview:

This domain evaluates the physical and digital infrastructure, learning resources, and support systems that enable effective education delivery.

Standard L1: Physical or Digital Learning Infrastructure

Criteria:

- L1.1: Facilities are appropriate for programs offered
- L1.2: Classrooms and teaching spaces support effective pedagogy
- L1.3: Specialized facilities (labs, clinics, workshops) meet program requirements
- L1.4: Digital infrastructure supports learning needs
- L1.5: Facilities are well-maintained and fit for purpose
- L1.6: Capacity is adequate for enrolled learner numbers

Evidence Requirements:

- Facility inventory and specifications
- Floor plans and photographs
- Equipment lists
- Technology infrastructure documentation
- Maintenance records
- Capacity analysis

Standard L2: Learning Materials and Technology

Criteria:

- L2.1: Learning materials are current, relevant, and accessible
- L2.2: Technology supports effective teaching and learning

- L2.3: Learning Management System (LMS) or equivalent is functional and accessible
- L2.4: Digital resources are available to support learning
- L2.5: Materials are available in appropriate formats for learner needs

Evidence Requirements:

- Learning materials inventory
- Technology specifications
- LMS documentation and usage data
- Digital resource subscriptions
- Accessibility features documentation

Standard L3: Library and Academic Resources

Criteria:

- L3.1: Library or learning resource center is available and accessible
- L3.2: Collection is relevant to programs offered
- L3.3: Electronic resources supplement physical collections
- L3.4: Qualified staff support resource access and information literacy
- L3.5: Collection is regularly updated

Evidence Requirements:

- Library/resource center inventory
- Collection development policy
- Electronic database subscriptions
- Staff qualifications
- Usage statistics
- Acquisition records

Standard L4: Safety and Accessibility

Criteria:

- L4.1: Health and safety policies and procedures are established
- L4.2: Facilities comply with applicable safety codes and regulations
- L4.3: Emergency procedures are documented and communicated
- L4.4: First aid and emergency equipment is available and maintained
- L4.5: Facilities are accessible to persons with disabilities
- L4.6: Safety training is provided to staff and learners

Evidence Requirements:

- Health and safety policy
- Safety inspection records
- Emergency procedures documentation
- Fire safety certificates
- Accessibility audit

- Safety training records

4.5 LEARNER SUPPORT & ENGAGEMENT

Domain Overview:

This domain evaluates the systems and services that support learner success, from admission through graduation and beyond.

Standard S1: Admission and Enrollment Transparency

Criteria:

- S1.1: Admission requirements are clearly documented and publicly available
- S1.2: Admission processes are fair and consistently applied
- S1.3: Prospective learners receive accurate information about programs
- S1.4: Enrollment procedures are efficient and learner-friendly
- S1.5: Fees, payment terms, and refund policies are clearly communicated

Evidence Requirements:

- Admission policy and requirements
- Application forms and procedures
- Marketing and recruitment materials
- Enrollment documentation
- Fee schedule and refund policy

Standard S2: Academic Advising and Mentoring

Criteria:

- S2.1: Academic advising services are available to learners
- S2.2: Advisors are appropriately trained and supported
- S2.3: Learners have access to mentoring support
- S2.4: At-risk learners are identified and supported
- S2.5: Progress monitoring systems are in place

Evidence Requirements:

- Academic advising policy
- Advisor training records
- Mentoring program documentation
- Early warning system documentation
- Progress monitoring procedures

Standard S3: Learner Feedback Systems

Criteria:

- S3.1: Mechanisms exist for learners to provide feedback
- S3.2: Feedback is systematically collected at appropriate points
- S3.3: Feedback is analyzed and reported
- S3.4: Feedback informs improvement actions
- S3.5: Learners are informed of actions taken in response to feedback

Evidence Requirements:

- Feedback collection instruments
- Feedback analysis reports
- Improvement action plans
- Communication to learners about outcomes

Standard S4: Student Welfare and Grievance Handling

Criteria:

- S4.1: Student welfare services are available and accessible
- S4.2: Counseling or pastoral support is provided
- S4.3: A formal grievance procedure is established and communicated
- S4.4: Grievances are handled fairly and in a timely manner
- S4.5: Anti-discrimination and anti-harassment policies are in place
- S4.6: Learner records are maintained confidentially

Evidence Requirements:

- Student welfare policy
- Counseling service documentation
- Grievance procedure
- Grievance records (anonymized)
- Anti-discrimination policy
- Data protection policy

4.6 ASSESSMENT & ACADEMIC INTEGRITY

Domain Overview:

This domain evaluates the systems and practices for assessing learner achievement and maintaining academic integrity.

Standard AS1: Fair and Transparent Assessment Systems

Criteria:

- AS1.1: Assessment policy is documented and accessible

- AS1.2: Assessment methods are aligned with learning outcomes
- AS1.3: Assessment criteria and rubrics are clearly defined
- AS1.4: Assessment methods are varied and appropriate
- AS1.5: Learners receive timely and constructive feedback
- AS1.6: Reassessment opportunities are provided

Evidence Requirements:

- Assessment policy
- Sample assessments with rubrics
- Learning outcome-assessment alignment matrix
- Feedback samples
- Reassessment policy

Standard AS2: Examination Integrity Measures

Criteria:

- AS2.1: Examination procedures ensure security and integrity
- AS2.2: Invigilation arrangements are appropriate
- AS2.3: Online assessment integrity measures are in place (where applicable)
- AS2.4: Academic misconduct is defined and communicated
- AS2.5: Procedures exist for investigating and addressing misconduct

Evidence Requirements:

- Examination procedures
- Invigilation guidelines
- Online proctoring documentation (if applicable)
- Academic integrity policy
- Misconduct investigation procedures

Standard AS3: Internal Moderation Processes

Criteria:

- AS3.1: Assessment is subject to internal moderation
- AS3.2: Moderation processes ensure consistency and fairness
- AS3.3: Moderators are appropriately qualified
- AS3.4: Moderation outcomes are documented
- AS3.5: External moderation or verification is used where appropriate

Evidence Requirements:

- Moderation policy and procedures
- Moderation records
- Moderator qualifications
- External examiner reports (if applicable)

Standard AS4: Certification and Record Management

Criteria:

- AS4.1: Certificates and transcripts accurately reflect achievement
- AS4.2: Credential security measures prevent fraud
- AS4.3: Academic records are maintained securely and permanently
- AS4.4: Verification services are available
- AS4.5: Records are protected against loss or unauthorized access

Evidence Requirements:

- Sample certificates and transcripts
- Credential security features
- Records management policy
- Verification procedures
- Data backup procedures

4.7 QUALITY ASSURANCE & IMPROVEMENT

Domain Overview:

This domain evaluates the institution's systems for monitoring, evaluating, and improving educational quality.

Standard Q1: Internal Quality Assurance Cell (IQAC) or Equivalent

Criteria:

- Q1.1: A designated quality assurance function exists
- Q1.2: The quality function has clear terms of reference and authority
- Q1.3: Quality responsibility is appropriately staffed
- Q1.4: Quality assurance reports to senior leadership
- Q1.5: Quality assurance covers all institutional functions

Evidence Requirements:

- IQAC terms of reference
- Organizational position of quality function
- Staff assigned to quality assurance
- Reporting structure documentation
- Scope of quality assurance activities

Standard Q2: Data-Driven Monitoring

Criteria:

- Q2.1: Key performance indicators are defined and monitored
- Q2.2: Data is systematically collected and analyzed
- Q2.3: Data informs decision-making and improvement
- Q2.4: Benchmarking against peers or standards is conducted
- Q2.5: Data integrity is maintained

Evidence Requirements:

- KPI definitions and targets
- Data collection procedures
- Data analysis reports
- Benchmarking studies
- Data management policy

Standard Q3: Institutional Self-Assessment

Criteria:

- Q3.1: Regular self-assessment is conducted
- Q3.2: Self-assessment is comprehensive and evidence-based
- Q3.3: Stakeholders participate in self-assessment
- Q3.4: Self-assessment identifies strengths and areas for improvement
- Q3.5: Self-assessment reports are documented

Evidence Requirements:

- Self-assessment schedule
- Self-assessment reports
- Stakeholder participation records
- SWOT analysis or equivalent

Standard Q4: Continuous Improvement Planning

Criteria:

- Q4.1: Improvement plans are developed based on assessment findings
- Q4.2: Improvement plans have specific, measurable targets
- Q4.3: Responsibility and timelines are assigned
- Q4.4: Progress is monitored and reported
- Q4.5: A culture of continuous improvement is evident

Evidence Requirements:

- Improvement action plans
- Progress monitoring reports
- Evidence of completed improvements
- Quality culture initiative

5 SECTOR-SPECIFIC STANDARDS

In addition to the seven core domains, IEB has developed sector-specific standards that address the unique requirements of different educational contexts. Institutions are evaluated against both core domains and applicable sector-specific standards.

5.1 HEALTHCARE, AESTHETIC & DENTAL EDUCATION

Overview:

Healthcare, aesthetic, and dental education programs require additional standards to ensure clinical safety, ethical practice, and professional competence. These standards supplement the core domains.

Standard HC1: Clinical Safety and Patient Protection

Criteria:

- HC1.1: Clinical training environments meet safety standards
- HC1.2: Infection control protocols are established and enforced
- HC1.3: Patient/client consent procedures are in place
- HC1.4: Clinical supervision is adequate and qualified
- HC1.5: Emergency procedures for clinical settings are established
- HC1.6: Insurance coverage is appropriate for clinical activities

Evidence Requirements:

- Clinical facility safety documentation
- Infection control policies and audits
- Consent forms and procedures
- Clinical supervisor credentials and ratios
- Emergency protocols for clinical settings
- Insurance certificates

Standard HC2: Ethical Practice and Professional Conduct

Criteria:

- HC2.1: Professional ethics are taught and assessed
- HC2.2: Scope of practice limitations are clearly communicated
- HC2.3: Professional boundaries training is provided
- HC2.4: Confidentiality and privacy training is provided
- HC2.5: Students understand regulatory requirements for practice

Evidence Requirements:

- Ethics curriculum content
- Scope of practice documentation
- Professional boundaries training materials
- Privacy and confidentiality training
- Regulatory requirement information

Standard HC3: Clinical Competency Development

Criteria:

- HC3.1: Clinical competencies are clearly defined
- HC3.2: Competency assessment is rigorous and documented
- HC3.3: Minimum clinical hours or procedures are specified
- HC3.4: Simulation training supplements clinical experience where appropriate
- HC3.5: Competency progression is monitored

Evidence Requirements:

- Clinical competency frameworks
- Competency assessment tools
- Clinical logbooks or records
- Simulation facility documentation
- Competency tracking systems

Standard HC4: Equipment and Clinical Resources

Criteria:

- HC4.1: Clinical equipment is professional-grade and well-maintained
- HC4.2: Equipment is sufficient for learner numbers
- HC4.3: Consumables and supplies are adequate
- HC4.4: Equipment training is provided to learners
- HC4.5: Equipment maintenance records are maintained

Evidence Requirements:

- Equipment inventory
- Maintenance records and schedules
- Supply management documentation
- Equipment training records

5.2 HIGHER EDUCATION INSTITUTIONS

Overview:

Higher education institutions have additional standards related to research, academic freedom, and advanced scholarship.

Standard HE1: Research and Scholarship

Criteria:

- HE1.1: Research is supported and encouraged
- HE1.2: Research ethics policies and procedures are established
- HE1.3: Faculty engage in scholarly activities appropriate to institutional mission
- HE1.4: Research informs teaching where appropriate
- HE1.5: Student research is supported and supervised

Evidence Requirements:

- Research policy
- Research ethics committee documentation
- Faculty research/scholarship records
- Research-teaching integration examples
- Student research support documentation

Standard HE2: Academic Freedom and Intellectual Inquiry

Criteria:

- HE2.1: Academic freedom is protected through policy
- HE2.2: Intellectual inquiry and debate are encouraged
- HE2.3: Diverse perspectives are welcomed
- HE2.4: Faculty and students may publish and present findings freely

Evidence Requirements:

- Academic freedom policy
- Examples of intellectual discourse
- Publication and presentation records

Standard HE3: Graduate Programs (if applicable)

Criteria:

- HE3.1: Graduate programs have appropriate admission standards
- HE3.2: Graduate supervision is adequate and qualified
- HE3.3: Thesis/dissertation processes are rigorous
- HE3.4: Graduate research facilities are adequate
- HE3.5: Time-to-completion is monitored

Evidence Requirements:

- Graduate admission standards
- Supervisor credentials and workloads
- Thesis/dissertation guidelines
- Research facility documentation

- Completion rate data

5.3 SCHOOLS & K-12 EDUCATION

Overview:

Schools serving children and adolescents have additional standards related to child safety, developmental appropriateness, and holistic education.

Standard K1: Child Safety and Protection

Criteria:

- K1.1: Child protection policy is established and communicated
- K1.2: Staff background checks are conducted
- K1.3: Staff receive child protection training
- K1.4: Reporting procedures for concerns are established
- K1.5: Physical safety measures protect children
- K1.6: Online safety measures are in place

Evidence Requirements:

- Child protection policy
- Background check procedures and records
- Child protection training records
- Reporting procedures
- Physical safety documentation
- Online safety policy

Standard K2: Developmentally Appropriate Education

Criteria:

- K2.1: Curriculum is age-appropriate
- K2.2: Teaching methods are developmentally appropriate
- K2.3: Assessment is appropriate for developmental stage
- K2.4: Social and emotional development is supported
- K2.5: Physical development and health education are included

Evidence Requirements:

- Curriculum alignment with developmental stages
- Teaching methodology documentation
- Age-appropriate assessment samples
- Social-emotional learning programs
- Physical education and health curriculum

Standard K3: Holistic Development

Criteria:

- K3.1: Extra-curricular activities are offered
- K3.2: Arts, sports, and creative expression are supported
- K3.3: Character and values education is included
- K3.4: Community engagement opportunities are provided
- K3.5: Student voice and leadership are developed

Evidence Requirements:

- Extra-curricular program documentation
- Arts and sports program records
- Character education curriculum
- Community engagement records
- Student leadership opportunities

Standard K4: Parent and Family Engagement

Criteria:

- K4.1: Regular communication with parents is maintained
- K4.2: Parent involvement opportunities are provided
- K4.3: Parent concerns are addressed appropriately
- K4.4: Parent-teacher conferences or equivalent are held
- K4.5: School policies are communicated to parents

Evidence Requirements:

- Parent communication records
- Parent involvement programs
- Parent concern procedures
- Conference schedules and records
- Parent handbook

5.4 ONLINE & DISTANCE LEARNING

Overview:

Online and distance learning providers have additional standards related to technology, learner support at a distance, and assessment integrity in remote environments.

Standard OL1: Technology Platform and Reliability

Criteria:

- OL1.1: Learning platform is stable, reliable, and accessible
- OL1.2: Technical requirements are clearly communicated to learners
- OL1.3: Technical support is available to learners
- OL1.4: Platform security protects user data
- OL1.5: Accessibility features are available for learners with disabilities
- OL1.6: Mobile accessibility is provided where appropriate

Evidence Requirements:

- Platform uptime data
- Technical requirements documentation
- Technical support procedures
- Security documentation
- Accessibility features documentation
- Mobile compatibility information

Standard OL2: Online Pedagogy and Engagement

Criteria:

- OL2.1: Course design follows online learning best practices
- OL2.2: Interactive elements promote engagement
- OL2.3: Synchronous and asynchronous activities are appropriately balanced
- OL2.4: Instructor presence is maintained
- OL2.5: Peer interaction is facilitated
- OL2.6: Faculty are trained in online pedagogy

Evidence Requirements:

- Course design standards
- Sample course content
- Interaction logs/data
- Faculty online teaching training records
- Peer collaboration features

Standard OL3: Remote Learner Support

Criteria:

- OL3.1: Orientation prepares learners for online study
- OL3.2: Academic support is accessible remotely
- OL3.3: Library and learning resources are accessible online
- OL3.4: Administrative services are available remotely
- OL3.5: Communication channels are effective

Evidence Requirements:

- Online orientation materials
- Remote support services documentation

- Online library access
- Administrative service accessibility
- Communication tools and response times

Standard OL4: Online Assessment Integrity

Criteria:

- OL4.1: Remote assessment methods maintain integrity
- OL4.2: Identity verification is employed for high-stakes assessments
- OL4.3: Plagiarism detection tools are used
- OL4.4: Varied assessment methods reduce cheating opportunities
- OL4.5: Academic integrity policies address online-specific issues

Evidence Requirements:

- Online assessment procedures
- Identity verification methods
- Plagiarism detection reports
- Assessment variety documentation
- Online academic integrity policy

5.5 PROFESSIONAL TRAINING & CPD

Overview:

Professional training and continuing professional development providers have additional standards related to industry alignment, practical competence, and professional recognition.

Standard PT1: Industry and Professional Alignment

Criteria:

- PT1.1: Training content reflects current industry practices
- PT1.2: Industry professionals contribute to curriculum development
- PT1.3: Industry partnerships support training delivery
- PT1.4: Labor market needs inform program offerings
- PT1.5: Professional body requirements are met where applicable

Evidence Requirements:

- Industry consultation records
- Industry advisory board documentation
- Partnership agreements
- Labor market analysis
- Professional body alignment documentation

Standard PT2: Practical Competency Development

Criteria:

- PT2.1: Practical skills are central to training
- PT2.2: Realistic work environments or simulations are used
- PT2.3: Work-based learning opportunities are provided where appropriate
- PT2.4: Competency-based assessment is employed
- PT2.5: Employers validate graduate competencies

Evidence Requirements:

- Practical training components
- Workshop/lab/simulation facilities
- Work placement programs
- Competency assessment records
- Employer feedback

Standard PT3: Trainer Industry Experience

Criteria:

- PT3.1: Trainers have relevant industry experience
- PT3.2: Trainers maintain industry currency
- PT3.3: Industry practitioners contribute to training delivery
- PT3.4: Trainers have appropriate pedagogical training

Evidence Requirements:

- Trainer industry background records
- Industry currency activities
- Guest practitioner records
- Trainer training records

Standard PT4: Professional Recognition and Certification

Criteria:

- PT4.1: Certifications awarded are industry-recognized where applicable
- PT4.2: Certification requirements are clearly communicated
- PT4.3: Certificates accurately reflect competencies achieved
- PT4.4: Continuing professional development pathways are communicated
- PT4.5: Digital credentials/badges are used where appropriate

Evidence Requirements:

- Professional recognition documentation
- Certification criteria
- Certificate samples

- CPD pathway information
 - Digital credentialing systems
-

6 ACCREDITATION OUTCOMES

Based on the evaluation of evidence and site visit findings, IEB may grant one of several accreditation outcomes. Each outcome has specific implications for the institution.

6.1 PROVISIONAL ACCREDITATION

Definition:

Provisional Accreditation is granted to institutions that demonstrate substantial compliance with IEB standards but require improvement in specific areas before full accreditation can be awarded.

Criteria for Award:

- Overall compliance score of 2.5 or above (on 4-point scale)
- No core domain scored below 2.0
- No critical standards scored below 2.0
- Clear pathway to full compliance demonstrated
- Commitment to improvement plan

Characteristics:

- Validity Period: 2 years (non-renewable at provisional level)
- Status: Recognized as working toward full accreditation
- Public Listing: Listed as "Provisionally Accredited" on IEB registry
- Logo Usage: May use "IEB Provisionally Accredited" designation

Conditions:

Institutions with Provisional Accreditation must:

1. Submit an improvement action plan within 60 days of notification
2. Implement improvements according to agreed timeline
3. Submit progress reports at 6-month intervals
4. Undergo follow-up evaluation prior to provisional period expiration
5. Apply for full accreditation review before provisional period ends

Progression:

At the end of the provisional period, institutions may:

- Progress to Full Accreditation if standards are met
- Have provisional status extended for up to 1 additional year (exceptional circumstances)
- Have accreditation withdrawn if insufficient progress is demonstrated

6.2 FULL ACCREDITATION

Definition:

Full Accreditation is granted to institutions that demonstrate comprehensive compliance with all applicable IEB standards and exhibit commitment to continuous improvement.

Criteria for Award:

- Overall compliance score of 3.0 or above (on 4-point scale)
- No core domain scored below 2.5
- No critical standards scored below 3.0
- Evidence of quality culture and continuous improvement

Characteristics:

- Validity Period: 5 years
- Status: Fully recognized by IEB
- Public Listing: Listed as "Fully Accredited" on IEB registry
- Logo Usage: May use "IEB Accredited" designation

Privileges:

Institutions with Full Accreditation:

1. Are recognized as meeting IEB quality standards
2. May use IEB accreditation in marketing and communications
3. Receive accreditation certificate and digital badge
4. Are included in IEB's public registry of accredited institutions
5. May participate in IEB accredited institution network
6. Receive preferential consideration for IEB partnerships and initiatives

Maintenance Requirements:

To maintain Full Accreditation, institutions must:

1. Submit Annual Monitoring Reports
 2. Notify IEB of significant changes within 30 days
 3. Maintain compliance with all standards
 4. Undergo interim monitoring as scheduled
 5. Apply for reaccreditation before expiration
-

6.3 CONDITIONAL ACCREDITATION

Definition:

Conditional Accreditation may be imposed on currently accredited institutions that have been found to have fallen out of compliance with standards, or when significant concerns arise during the accreditation period.

Triggers for Conditional Status:

- Annual monitoring reveals compliance issues
- Substantiated complaints indicate quality problems
- Significant unreported changes have occurred
- Self-reported issues require formal attention

Characteristics:

- Validity Period: Determined case-by-case (typically 6-12 months)
- Status: Accreditation under review
- Public Listing: Listed as "Accredited - Conditional" on IEB registry
- Logo Usage: Must add "Conditional" to accreditation designation

Requirements:

Institutions on Conditional Accreditation must:

1. Address specified conditions within the given timeframe
2. Submit evidence of condition resolution
3. Undergo verification visit if required
4. Report to IEB at specified intervals

Outcomes:

Following the conditional period:

- Conditions resolved: Return to Full Accreditation status
- Partial resolution: Extension of conditional period (maximum 6 months)
- Conditions unresolved: Withdrawal of accreditation

6.4 DENIAL & APPEAL PROCESS

Denial of Accreditation:

Accreditation may be denied when:

- Overall compliance score is below 2.5
- Any core domain is scored below 2.0

- Critical standards are not met
- Material misrepresentation is discovered
- Institution fails to cooperate with the accreditation process

Notification:

Institutions denied accreditation receive:

1. Written notification within 14 days of decision
2. Detailed rationale for denial
3. Specific areas of non-compliance
4. Information about appeal process
5. Guidance on reapplication

Appeal Process:

Institutions may appeal adverse accreditation decisions through the following process:

Grounds for Appeal:

- Procedural irregularity in the evaluation process
- Evidence that was available but not considered
- Bias or conflict of interest affecting the decision
- Factual errors in the evaluation report

Appeals based solely on disagreement with professional judgment are not accepted.

Appeal Procedure:

Step 1 - Notice of Intent: Submit Notice of Intent to Appeal within 14 days of decision notification

Step 2 - Appeal Submission: Submit formal Appeal within 30 days including grounds for appeal, supporting evidence, and requested outcome

Step 3 - Appeal Review: Appeals Committee reviews submission (Committee comprises members not involved in original decision)

Step 4 - Hearing (if requested): Institution may request hearing to present appeal

Step 5 - Appeal Decision: Committee renders decision within 30 days of hearing or submission review

Step 6 - Final Notification: Written notification of appeal outcome

Appeal Outcomes:

- Appeal Upheld: Original decision overturned or modified
- Appeal Partially Upheld: Decision modified in part

- Appeal Denied: Original decision confirmed

Finality:

Appeal decisions are final. Institutions may not appeal the appeal decision.

Reapplication:

Institutions denied accreditation may reapply:

- After minimum 12 months from denial decision
 - After addressing the identified deficiencies
 - Following standard application procedures
 - With documentation of improvements made
-

7 LIMITATIONS & LEGAL POSITION

7.1 LEGAL DISCLAIMERS

Nature of IEB Accreditation:

IEB accreditation is entirely voluntary; institutions are not required to seek or maintain accreditation. IEB is an independent, non-governmental organization; accreditation does not constitute government approval. Accreditation indicates that an institution meets IEB quality standards at the time of evaluation. Accreditation does not guarantee educational outcomes or graduate employment. Evaluation reflects institutional status at the time of review; continuous compliance is the institution's responsibility. IEB exercises independent professional judgment in all accreditation decisions.

Scope of Accreditation Statement:

IEB accreditation is a voluntary quality assurance mechanism that evaluates institutional compliance with established educational standards. It represents an independent, non-governmental assessment and does not constitute statutory approval, professional licensing, or degree equivalence recognition. Accredited status is granted based on evidence available at the time of evaluation and is subject to ongoing compliance monitoring.

Disclaimer Clauses:

Liability Limitation: IEB shall not be liable for any direct, indirect, incidental, or consequential damages arising from accreditation decisions or the use of accreditation status.

Third-Party Reliance: Third parties relying on IEB accreditation status do so at their own discretion; IEB makes no warranties to third parties.

Information Accuracy: While IEB endeavors to ensure accuracy, it relies on information provided by applicant institutions.

Decision Finality: Accreditation decisions, following any appeal process, are final and binding.

Standard Changes: IEB reserves the right to modify standards and procedures; institutions will be notified of significant changes.

7.2 REGULATORY RELATIONSHIP

Relationship with Government Authorities:

IEB accreditation is designed to complement, not replace, statutory regulatory requirements. IEB does not possess governmental regulatory powers or authority. IEB may cooperate with

regulatory bodies while maintaining independence. National and regional regulatory requirements take precedence over IEB standards where conflicts exist. IEB may share information with regulatory authorities as required by law or with institutional consent.

What IEB Accreditation Does NOT Provide:

IEB Accreditation IS:

- Voluntary quality assurance
- Independent evaluation
- Standards compliance verification
- Quality improvement mechanism
- Stakeholder confidence indicator
- Peer review process
- Institutional recognition within IEB network
- Quality benchmark achievement

IEB Accreditation is NOT:

- Government approval
- Statutory recognition
- Degree equivalence determination
- Professional licensing or registration
- Immigration or visa qualification
- Financial guarantee
- Employment guarantee
- Override of national regulations

Degree Equivalence Clarification:

IEB does not have authority to determine degree equivalence or credential recognition. Degree equivalence is determined by national credential evaluation authorities. Institutions must seek appropriate recognition from relevant national authorities. Alignment with national qualification frameworks is the institution's responsibility. Recognition of qualifications across borders is subject to bilateral agreements between nations.

Professional Licensing Clarification:

IEB accreditation does not grant or imply professional licensing. Professional licensing is governed by statutory professional regulatory bodies. Professional program approval must be obtained from relevant professional bodies. Graduate eligibility for professional licensing examinations is determined by licensing bodies. Institutions must ensure programs meet professional regulatory requirements independently.

7.3 LIABILITY PROVISIONS

Institutional Responsibilities:

- **Accuracy of Information:** Institutions are responsible for the accuracy and completeness of all information submitted to IEB
- **Continuous Compliance:** Maintaining compliance with standards throughout the accreditation period is the institution's responsibility
- **Change Notification:** Institutions must notify IEB of significant changes that may affect accreditation status
- **Statutory Compliance:** Institutions remain responsible for compliance with all applicable laws and regulations
- **Stakeholder Communication:** Accurate representation of accreditation status to stakeholders

IEB Responsibilities:

- **Fair Evaluation:** Conduct evaluations fairly, consistently, and in accordance with published procedures
- **Confidentiality:** Protect confidential institutional information appropriately
- **Timely Decisions:** Render decisions within published timeframes
- **Clear Communication:** Communicate decisions clearly with appropriate rationale
- **Appeals Process:** Provide fair appeals process for adverse decisions

Limitation of Liability:

- **No Consequential Damages:** IEB shall not be liable for any consequential, indirect, incidental, special, or punitive damages
- **Maximum Liability:** IEB's maximum liability shall not exceed fees paid by the institution for the relevant accreditation cycle
- **Third-Party Claims:** IEB shall not be liable for third-party claims arising from institutional actions or representations
- **Force Majeure:** IEB shall not be liable for delays or failures due to circumstances beyond reasonable control
- **Indemnification:** Institutions agree to indemnify IEB against claims arising from institutional misrepresentation

Insurance Requirements:

- **Institutional Insurance:** Institutions should maintain appropriate professional liability and general liability insurance
- **Coverage Levels:** Insurance coverage appropriate to institutional size, programs, and risk profile
- **Evidence:** Institutions may be required to provide evidence of insurance coverage
- **IEB Insurance:** IEB maintains appropriate professional indemnity insurance for its accreditation activities

8 FRAMEWORK GOVERNANCE & REVIEW

8.1 FRAMEWORK OWNERSHIP AND AUTHORITY

Ownership:

This Framework is owned and maintained by the International Education Board (IEB). The IEB Governing Council has final authority over Framework content and amendments. The IEB Quality Assurance Committee serves as the operational custodian. Day-to-day administration is handled by the IEB Accreditation Office.

Authority Structure:

Level 1 - IEB Governing Council: Ultimate authority over framework; approves major changes

Level 2 - Quality Assurance Committee: Operational oversight; recommends changes; interprets standards

Level 3 - Accreditation Office: Day-to-day administration; implements procedures; manages applications

Level 4 - Review Panels: Conduct evaluations; make recommendations to Committee

8.2 REVIEW AND AMENDMENT PROCESS

Review Cycle:

Annual Review: Conducted yearly; covers minor updates, clarifications, and operational adjustments

Comprehensive Review: Conducted every 3 years; covers full review of standards, criteria, and processes

Ad Hoc Review: Conducted as needed; covers response to significant sector changes or issues

Stakeholder Consultation: Conducted every 3 years; covers formal consultation on Framework effectiveness

Amendment Process:

Step 1 - Proposal: Amendment need identified through review, stakeholder feedback, or sector changes

Step 2 - Stakeholder Consultation: Relevant stakeholders consulted on proposed changes

Step 3 - Committee Review: Quality Assurance Committee analyzes feedback and refines proposal

Step 4 - Governing Council Approval: Major changes require Governing Council approval

Step 5 - Publication and Communication: Approved changes published and communicated to stakeholders

Notification of Changes:

Minor Clarifications: Immediate notice period; communicated via website update and newsletter

Operational Changes: 3 months notice period; communicated via email notification and website

Standard Modifications: 6 months notice period; communicated via formal letter, website, and guidance documents

Major Framework Changes: 12 months notice period; communicated via formal communication, workshops, and updated documentation

8.3 INTERPRETATION AND GUIDANCE

Interpretation Authority:

The IEB Quality Assurance Committee provides authoritative interpretation of standards. Supplementary guidance documents clarify application of standards. Frequently asked questions are maintained on the IEB website. Institutions may request interpretation guidance from IEB. Interpretations are documented to ensure consistent application.

Guidance Documents:

IEB publishes supplementary guidance documents including:

- Sector-specific application guides
- Evidence preparation guidelines
- Self-assessment templates
- Best practice examples
- Frequently asked questions

Requesting Interpretation:

Institutions may request formal interpretation of standards by:

1. Submitting written request to IEB Accreditation Office
 2. Specifying the standard(s) requiring interpretation
 3. Describing the context or situation
 4. Receiving written response within 21 working days
-

9 DEFINITIONS AND GLOSSARY

Accreditation: A quality assurance process through which an institution is evaluated against established standards and, if found compliant, granted formal recognition of its quality status.

Accreditation Cycle: The period from initial accreditation or renewal to the next scheduled comprehensive review, typically 5 years.

Applicant Institution: An educational institution that has submitted an application for IEB accreditation.

Assessment: The systematic evaluation of learner achievement against defined learning outcomes.

Benchmarking: The process of comparing institutional performance against internal targets, peer institutions, or external standards.

Compliance: The state of meeting or exceeding specified standards and requirements.

Continuous Improvement: An ongoing effort to enhance educational quality through systematic evaluation and enhancement.

Core Domains: The seven fundamental areas against which all institutions are evaluated.

Credential: A formal recognition of educational achievement, such as a degree, diploma, or certificate.

Criterion: A specific standard or requirement against which institutional performance is assessed.

Curriculum: The structured content, learning experiences, and assessment designed to achieve program outcomes.

Distance Learning: Education delivered to learners who are physically separated from the instructor, primarily through technology.

Evidence: Documentation, data, or other information that demonstrates compliance with standards.

External Review: Evaluation conducted by qualified individuals external to the institution.

Faculty: Academic staff responsible for teaching, curriculum development, and learner assessment.

Full Accreditation: Accreditation status granted to institutions demonstrating comprehensive compliance with all standards.

Governance: The structures and processes through which an institution is directed, controlled, and held accountable.

Grievance: A formal complaint raised by a stakeholder regarding institutional practices or decisions.

IEB: International Education Board.

Indicator: A measurable element that provides evidence of compliance with a standard.

Infrastructure: The physical and digital facilities, equipment, and resources supporting educational delivery.

IQAC: Internal Quality Assurance Cell; the unit responsible for internal quality management.

Learning Outcomes: Statements describing what learners are expected to know, understand, or be able to do upon completion.

Moderation: The process of ensuring consistency and fairness in assessment practices and marking.

Monitoring: Ongoing oversight of accredited institutions to ensure continued compliance.

Peer Review: Evaluation conducted by qualified professionals from similar educational contexts.

Policy: A formal statement of institutional principles and guidelines governing specific areas.

Procedure: Documented steps for implementing policies or conducting specific activities.

Program: A structured sequence of learning leading to a qualification or credential.

Provisional Accreditation: Conditional accreditation granted to institutions requiring improvement in specific areas.

Quality Assurance: Systematic processes for maintaining and improving educational quality.

Quality Culture: Organizational values, attitudes, and behaviors that prioritize quality in all activities.

Reviewer: A qualified individual appointed by IEB to conduct institutional evaluations.

Self-Assessment: An institution's systematic evaluation of its own performance against standards.

Stakeholder: Any individual or group with an interest in the institution, including learners, staff, employers, and the community.

Standard: A defined level of quality or attainment against which performance is measured.

Validity Period: The duration for which accreditation status is granted.

Accreditation Framework & Standards

Verification: The process of confirming the accuracy and authenticity of information or credentials.

10 APPENDICES

APPENDIX A: ACCREDITATION APPLICATION CHECKLIST

Pre-Application Requirements:

1. Institution legally registered and operating
2. Minimum operational history (typically 2 years)
3. At least one complete cohort graduated (preferred)
4. Designated accreditation coordinator appointed
5. Self-assessment completed
6. Evidence portfolio compiled
7. Application fee payment arranged

Application Document Checklist:

Institutional Documents:

- Certificate of registration/incorporation
- Organizational chart
- Strategic plan
- Governance documents (charter, bylaws)

Academic Documents:

- Program catalog/prospectus
- Curriculum documents for all programs
- Assessment policies and samples
- Academic calendar

Faculty Documents:

- Faculty credentials summary
- Staff handbook/policies
- CPD records summary

Resource Documents:

- Facility descriptions/floor plans
- Library/resource inventory
- Technology infrastructure summary

Quality Documents:

- Quality assurance policy
- Self-assessment report

- Improvement plans

Financial Documents:

- Audited financial statements (2 years)
- Fee structure
- Refund policy

Learner Documents:

- Admission policies
- Student handbook
- Grievance procedures
- Sample learner feedback

APPENDIX B: DOMAIN WEIGHTAGE MATRIX

Standard Weightage by Domain:

Domain 1 - Governance & Institutional Management: 15% weight; Critical standards include legal status and governance structure

Domain 2 - Academic & Training Programs: 25% weight; Critical standards include learning outcomes and curriculum relevance

Domain 3 - Faculty & Human Resources: 15% weight; Critical standards include qualifications and CPD

Domain 4 - Learning Infrastructure & Resources: 15% weight; Critical standards include facilities and safety

Domain 5 - Learner Support & Engagement: 10% weight; Critical standards include admission transparency and support services

Domain 6 - Assessment & Academic Integrity: 10% weight; Critical standards include fair assessment and integrity measures

Domain 7 - Quality Assurance & Improvement: 10% weight; Critical standards include IQAC and continuous improvement

Total: 100%

Scoring Rubric:

Score 4 - Exemplary: Exceeds standards; demonstrates best practice

Score 3 - Compliant: Fully meets standards; evidence of quality

Accreditation Framework & Standards

Score 2 - Partially Compliant: Meets some standards; improvement needed

Score 1 - Non-Compliant: Does not meet minimum standards

Score 0 - Not Applicable/Not Assessed: Standard not applicable or evidence unavailable

Minimum Requirements for Accreditation:

Full Accreditation: Minimum average score of 3.0 or above; no domain below 2.5; no critical standards below 3

Provisional Accreditation: Minimum average score of 2.5 or above; no domain below 2.0; improvement plan required for areas below 3

Denial: Average below 2.5 OR any domain below 2.0; may reapply after addressing deficiencies

APPENDIX C: ACCREDITATION TIMELINE

Typical Accreditation Process Timeline:

Phase 1 - Pre-Application: Duration 1-3 months; Activities include eligibility inquiry, self-assessment, and evidence gathering

Phase 2 - Application: Duration 2-4 weeks; Activities include application submission, completeness review, and fee payment

Phase 3 - Document Review: Duration 4-6 weeks; Activities include desktop review of submitted documentation

Phase 4 - Site Visit Planning: Duration 2-4 weeks; Activities include schedule coordination, reviewer assignment, and logistics

Phase 5 - Site Visit: Duration 2-4 days; Activities include on-site evaluation, interviews, and facility inspection

Phase 6 - Report Preparation: Duration 4-6 weeks; Activities include reviewer report drafting and quality review

Phase 7 - Institutional Response: Duration 2-4 weeks; Institution responds to findings

Phase 8 - Decision: Duration 2-4 weeks; Activities include committee review and decision rendering

Phase 9 - Communication: Duration 1-2 weeks; Activities include decision notification and certificate issuance

Total Estimated Timeline: 4-6 months from application to decision

APPENDIX D: CONTACT INFORMATION

IEB Accreditation Office:

General Inquiries: accreditation@ieboard.org

Application Support: admin@ieboard.org

Technical Assistance: support@ieboard.org

Appeals and Complaints: appeals@ieboard.org

Website: www.ieboard.org

Office Hours:

Monday through Friday: 09:00 - 17:00 UTC

Saturday and Sunday: Closed

APPENDIX E: DOCUMENT VERSION HISTORY

Version 1.0: Date January 2026; Changes include initial release; Approved by IEB Governing Council

DOCUMENT CERTIFICATION

This document represents the official Accreditation Framework & Standards of the International Education Board. It has been developed through comprehensive stakeholder consultation and expert review, and has been approved by the IEB Governing Council.

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