



**The Accreditation Council
of Trinidad and Tobago**

Established by Chapter 39:06

Quality is the Key

THE ACCREDITATION COUNCIL OF TRINIDAD AND TOBAGO

APPLICATION FOR AN EQUIVALENCE ASSESSMENT

PLEASE TYPE OR USE BLOCK LETTERS

PERSONAL DATA

Name: _____
MR./MS./DR./OTHER (Please indicate) FIRST NAME LAST NAME

Mailing Address: _____

E-Mail Address: _____

Telephone: (Home) _____ (Office) _____

Telephone: (Mobile) _____ Date of Birth: ____/____/____
MM DD YYYY

Purpose of Request for Equivalence: _____

ACADEMIC DATA

Qualification to be Assessed _____

Awarding Body/Institution _____ Date of Award ____/____/____
MM DD YYYY

QUALIFICATIONS UPON ENTERING THIS PROGRAMME	YEAR RECEIVED

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TYPE OF PROGRAMME:

Full time Part-time

DELIVERY MODE:

Institution-Based Study Correspondence On-line
(traditional face to face)

INSTITUTION WHERE PROGRAMME WAS ACCESSED:

SECTION A - FOREIGN INSTITUTION

Name of Institution: _____

Address: _____

Tel: _____ Website: _____

Period of Study: From: _____ To: _____

(please indicate: years/ months)

SECTION B - LOCAL INSTITUTION

Name of Institution: _____

Address: _____

Tel: _____ Website: _____

Period of Study: From: _____ To: _____

(please indicate: years/ months)

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Practical Component (if any) _____
of programme of studies: _____

What does the qualification give access to in the country of origin?

- Further Study (*specify level*) _____
- Professional Membership (*profession*) _____
- Employment (*occupation*) _____

AGREEMENT TO TERMS AND CONDITIONS:

I have read, understood and agree to all the Terms and Conditions listed in this application for an Equivalence Assessment from the Accreditation Council of Trinidad and Tobago.

Signature: _____ Date: _____ / _____ / _____
MM DD YYYY

*Payment due upon application. Fee: \$300.00 Processing Period: **Minimum of 20 working days***

FOR OFFICIAL USE	File #
Paid: Cash <input type="checkbox"/> Linx <input type="checkbox"/> Money Order <input type="checkbox"/>	Receipt # _____
Date Transcript Received: _____	Date of Completion of Assessment: _____
Assessor's Signature: _____	Date: _____
Comments: _____	

Verifier's Signature: _____	Date: _____
Comments: _____	

APPLICATION FOR AN EQUIVALENCE ASSESSMENT

TERMS AND CONDITIONS FOR EQUIVALENCE ASSESSMENT

Fees and Refunds

1. A processing fee of TT\$300.00 is payable upon application for an "Equivalence Assessment".
2. Processing fees are not refundable. A partial refund of 50% may be granted if ACTT determines that there is insufficient information to issue a statement, within one hundred and twenty (120) days.

Processing Time

3. Processing time for an "Equivalence Assessment" is a **minimum** of twenty (20) working days.
4. Processing time commences on the date that **all** information and relevant documents have been completely submitted by the applicant, and/or received from the institution where the qualification is/was awarded.

Required Documents

5. The following original documents must be presented:
 - Original certificate of qualification
 - Original transcript from the institution awarding the qualification
 - Official English translation of documents (where relevant)
 - Deed Poll or marriage certificate (where relevant)
6. The applicant is completely responsible for the accuracy of all information contained on the Equivalence

Assessment application form. **Please note that inaccurate information may result in delays in processing the application, for which ACTT will not be held responsible.**

7. Translation of Documents

For qualifications not awarded in the English language, key documents must be translated at the expense of the applicant by the College of Science Technology and Applied Arts of Trinidad and Tobago (COSTAATT):

Department of Foreign Languages
6 Alcazar Street, St Clair
Port of Spain
Tel. 628-4600-2
Fax. 628-8088

8. Titles of foreign qualifications **should not** be translated.

Verification of Documents

9. ACTT maintains the right to request proof of authenticity of documents from the applicant, or may contact external sources for verification of the authenticity of any document submitted. In accordance with the laws of Trinidad and Tobago, fraudulent documents may be referred to the Fraud Squad Office of the Trinidad and Tobago Police for further investigation.

Issuing the Statement

10. Equivalence assessments will be issued to the applicant (upon verification of identity).
11. Equivalence assessments may be requested by a third party (i.e. guardian, relative, employer, etc...).