**AAOU ACCREDITATION SYSTEM**

**Application Form for Pool of Experts in Accreditation**

**and Quality Assurance**

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| **Important Notes to the Applicant**  This form is intended for individuals who wish to be part of the Accreditation Pool from which members of Accreditation Teams will be drawn. Applicants should meet the following criteria:   1. Experience as a panel member in at least two institutional review or accreditation processes. 2. Involvement in local or international accreditation, quality assurance evaluations, or training programs.   Please type in the information in the font Times New Roman in size 12. Lastly, please complete this form and attach the necessary supporting documents. |

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**PART A: PERSONAL AND PROFESSIONAL INFORMATION**

**Full Name (Please use capital letters for SURNAME):**

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position/Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institutional Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Highest Educational Attainment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Field of Expertise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART B: PROFESSIONAL EXPERIENCE**

**Accreditation and Quality Assurance Experience**

1. **Have you served as a panel member in at least two institutional reviews or accreditation processes? (Yes/No):** \_\_\_\_\_\_\_\_\_\_  
   *Please specify the institutions and year of involvement:*

*(Kindly provide appointment letters or official documents as evidence of involvement as attachments.)*

**Involvement in Accreditation, QA Evaluations, or Training Programs**

1. **Have you participated in any local or international accreditation, quality assurance evaluations, or training programs? (Yes/No):** \_\_\_\_\_\_\_\_\_\_  
   *Please provide details of your participation (institution, program, and year):*

*(Evidence such as certificates, letters of participation, or official recognition documents should be attached.)*

**Other Relevant Experience**

1. **Please list any additional experience relevant to accreditation or quality assurance:**

*(If applicable, please provide supporting documents or certificates.)*

**PART C: DECLARATION**

I hereby confirm that the information provided above is accurate and complete to the best of my knowledge. I understand that my application will be reviewed, and selection will be subject to the evaluation of my qualifications and experience.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_