

**FEDERAL MINISTRY OF EDUCATION
NATIONAL BOARD FOR TECHNICAL EDUCATION (NBTE)**



NBTE QUALITY ASSURANCE INSTRUMENTS

Quality Assurance Coverage:

- Digital Quality Assurance
- Physical Quality Assurance (ZQAV Model)
- Self-Study Questionnaire (SSQ)
- Resource Inspection (New Programme Request)
- Institutional Administration
- Accreditation and Re-accreditation
- Increase in Carrying Capacity

CONTROLLED DOCUMENT — Uncontrolled when printed. Verify current version before use.

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Document Control:

(Version, Approvals, Review Cycle, Distribution)

1.0 Document identification (controlled)

Field	Value
Document title	NBTE Quality Assurance and Accreditation Instrument – NBTE Quality Assurance Instruments
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Approving authority	Prof. Idris M. Bugaje, Executive Secretary, NBTE

1.1 Approvals and sign-off

Role	Name / Title	Signature	Date
Prepared by	Instrument Development Team (QA Instruments Working Group)	_____	//__
Reviewed by	Director / Divisional Head (Quality Assurance)	_____	//__
Approved by	Prof. Idris M. Bugaje, Exec. Secretary, NBTE	_____	//__

Control rule: Only the “Approved by” authority may authorise a new release for use.

1.2 Review cycle

Planned review frequency: annually, aligned to the stated effective and next review dates (10/02/26 → 10/02/27).

Early review triggers: digital platform workflow changes, policy updates, QA model changes (e.g., ZQAV requirements), audit findings, or recurring nonconformities.

Minor changes: can be authorised by the ES pending the major annual review.

1.3 Version control and change management

Versioning convention: Major.Minor (e.g., 2.0, 2.1).

Major = structural/process change affecting compliance requirements.

Minor = clarification, form field improvements, typographical corrections.

Change control: All changes require a logged change request, impact check (process, roles, forms), and re-approval before issuance.

Obsolescence control: On issue of a new version, the previous version is marked **Superseded** and removed from active circulation.

1.4 Distribution and access control

Controlled distribution (authorised users only):

NBTE HQ: Departments/divisions involved in digital QA, physical QA, accreditation/re-accreditation, SSQ assessment, and resource inspection.

NBTE Zonal Offices (for monitoring, oversight, and case referencing).

Authorised assessors/resource persons (academia, professional bodies) assigned to cases.

Approved Vendors (ZQAVs) where applicable to the physical QA workflow.

Uncontrolled copies: Any printed or forwarded copy outside the controlled list is **uncontrolled**; users must verify currency against the master copy before use.

Master copy location (recommended): NBTE controlled repository (QA document register), with read-only access for general users and edit rights restricted to the custodian.

FOREWORD

The National Board for Technical Education (NBTE) is mandated to ensure the quality, relevance, and integrity of Technical and Vocational Education and Training (TVET) in Nigeria. Achieving this mandate requires quality assurance instruments that are standardised, evidence-based, transparent, and consistently applied across institutions and programmes.

This **NBTE Quality Assurance Instruments** consolidates the core tools used for **Digital Quality Assurance**, **Physical Quality Assurance (ZQAV Model)**, **Self-Study Questionnaire (SSQ)**, **Resource Inspection (New Programme Requests)**, **Accreditation**, and **Carrying Capacity verification**, among other critical QA functions. The Instrument is designed to strengthen compliance, improve comparability of outcomes, and promote continuous improvement in TVET delivery nationwide.

The Instruments provide a common structure for assessing programmes, facilities, staffing, governance, learner support, and institutional readiness. They also clarify evidence expectations and documentation practices to support defensible decisions, credible reporting, and effective follow-up actions.

NBTE expects all officers, assessors, and authorised partners engaged in quality assurance activities to apply these instruments with professionalism, objectivity, and strict adherence to the approved procedures. Users must ensure that conclusions are supported by verifiable evidence, and that reports are completed accurately and submitted within agreed timelines.

As the TVET landscape evolves, through technology adoption, expanded access models, and emerging labour-market needs, NBTE will continue to review and improve its QA methods and instruments. Stakeholders are encouraged to provide structured feedback to support periodic revisions and the sustained effectiveness of this Instrument.

I commend all contributors involved in developing and refining these instruments especially Dr. Hassan F. Akande and I urge all users to uphold the standards and values they represent in service of quality TVET for national development.

Prof. Idris M. Bugaje
Executive Secretary, NBTE

Date: 10 February 2026

Acronyms and Definitions

1.0 Acronyms and abbreviations (controlled)

Acronym	Meaning
NBTE	National Board for Technical Education
TVET	Technical and Vocational Education and Training
QA	Quality Assurance
SSQ	Self-Study Questionnaire
SOP	Standard Operating Procedure
ZQAV / ZQAVs	Zonal Quality Assurance Vendor(s)
RACI	Responsible, Accountable, Consulted, Informed
ES	Executive Secretary
TA–ES (ICT)	Technical Assistant to the Executive Secretary (ICT function); assigns ICT Officer
TA–ES PQ	Technical Assistant to the Executive Secretary on Physical Quality Assurance
ICT	Information and Communication Technology (function/role family used in the workflow)
CQAC	Central Quality Assurance Committee
AAC	QA decision committee referenced in the Physical QA workflow (committee that considers departmental recommendations)
EXCO	Executive Committee (approval/ratification body)
DFA	Finance role/function responsible for payment confirmation (exact title per NBTE structure)
DIA	Audit role/function referenced for audit clearance (exact title per NBTE structure)
M&E	Monitoring and Evaluation
MDA	Ministry, Department, or Agency (Remita payment field)
RRR	Remita Retrieval Reference
NSQF	National Skills Qualifications Framework (fee category on Remita)

Acronym Meaning

SIWES Students Industrial Work Experience Scheme (fee category on Remita)

PDF Portable Document Format (required upload format)

MB Megabyte (maximum upload size stated)

N/A /
NA Not Applicable

IBASS Internal reference label appearing in a checklist page footer/header; full form not stated in this version

1.1 Definitions (controlled)

Resource Inspection: Digital request workflow used to seek clearance to mount a new programme.

Accreditation / Re-accreditation: QA request types processed on the NBTE digital platform.

Verification visit: On-site verification conducted by NBTE officials and relevant professional bodies, based on submitted SSQs.

Evidence pack: The compiled set of documents and records supporting QA conclusions, retained for auditability.

Document register: A maintained log of SSQ files (file names and upload dates) to support traceability.

Hard gate: A non-negotiable control point; processing must not proceed until the condition is met (e.g., payment confirmed).

Submission lock: A control that prevents new requests or alterations after SSQ submission until the verification visit is completed.

Audit trail: The complete, gap-free record of actions and supporting evidence for a case.

Segregation of duties: Control principle separating incompatible tasks (e.g., finance confirms payment; programme division does not).

RACI matrix: Role-allocation method defining who is Responsible, Accountable, Consulted, and Informed for each activity.

Roles and Responsibilities

Purpose

This section clarifies **who does what**, **who approves**, and **who must be consulted/informed** across NBTE QA workflows, using the role set defined in the Instrument.

1.1 Role groups used in this Instrument (as defined)

A. Institution-level (TVET Institution)

Rector/Provost (Institution Admin) — executive oversight and institutional accountability for submissions.

Programme Lead/Department — prepares/compiles programme evidence and completes SSQ modules.

B. NBTE internal and governance roles (Digital QA)

Finance/DFA — confirms payment uploaded by the institution; supports costing/financial processing.

Audit/DIA — provides audit/clearance as required for visit finances.

TA–ES (ICT) — assigns the ICT Officer to the case/institution.

ICT Officer — manages platform updates, including final updates after approvals.

Head of Division / Deputy Director — assigns SSQs to assessors (Programme Officer and Resource Person—Academia).

Programme Officer — assesses SSQs and submits assessment reports (max. 3 SSQs per Programme Officer).

Resource Person (Academia) — independently assesses SSQs and submits reports.

Director / Divisional Head — verifies and approves SSQ evaluation reports; leads departmental review for CQAC submission.

CQAC (Chair/Committee) — considers departmental recommendations and forwards to EXCO.

EXCO — approves/ratifies CQAC recommendations.

Executive Secretary (ES) — approves funds for verification visits (where applicable).

JAMB Desk Officer — communicates approved programmes to JAMB and retains evidence.

C. Physical QA (ZQAV model) roles

ZQAV (Vendor) — receives institutional requests, schedules and conducts QA visits, and submits reports to NBTE (Attention: TA to ES).

TA–ES PQ — receives copies of requests and reports; forwards vendor reports to the relevant programme department.

CQAC / EXCO / ES — governance and approval roles also apply in the physical QA chain.

1.2 RACI legend (used throughout)

R = Responsible: performs the work.

A = Accountable: final decision/approval; owns outcome.

C = Consulted: provides inputs/review.

I = Informed: kept updated.

1.3 RACI overview — Institution-facing workflow (Digital QA Platform User SOP)

Activity	Rector/Provost (Institution Admin)	Programme Lead/Department	NBTE
Request platform credentials	A/R	C	I
Submission of login credentials	I	I	A/R
Initiate a request and generate costs	A/R	C	I
Clearance (new programme only)	I	I	A/R
Payment and upload proof	A/R	I	C
Payment confirmation	I	I	A/R
Complete SSQ modules	I	A/R	I
Submit programme SSQ	I	A/R	I
Verification visit	I/C	I	A/R
Outcome communication via platform	I	I	A/R

1.4 RACI overview — NBTE internal case-management (Digital QA)

Below is the **functional accountability** for the controlled steps in the digital QA procedure:

Payment confirmation: R/A = Finance/DFA.

Assign ICT Officer: A/R = TA–ES (ICT) (assignment), with ICT Officer executing platform actions thereafter.

Assign SSQ assessors: R = Head of Division/Deputy Director; assessors are **Programme Officer** and **Resource Person (Academia)**.

SSQ assessment: R = Programme Officer + Resource Person (Academia) (independent assessments).

Verify/approve SSQ evaluation reports: A/R = Director/Divisional Head.

Verification visit team assignment: A/R = Divisional Head/Director.

Visit finances: R = Finance (costing); R = Audit (clearance); A = ES (fund approval).

Conduct verification visit: R = Programme Staff + Resource Person (Professional Body).

Governance approvals: R = CQAC (consideration/forwarding); A = EXCO (approval/ratification).

Final system update: R = ICT Officer (updates approved programmes on the platform).

External notification: R = JAMB Desk Officer (communicates approvals to JAMB; retains evidence).

1.5 RACI overview — Physical QA (ZQAV Model)

Institution request submission: Institution submits request to **ZQAV** and copies **ES** (Attention: TA to ES).

Eligibility review + processing fee instruction: TA to ES reviews request and communicates fee and REMITA guidance.

Physical QA visit scheduling: Vendor (ZQAV) confirms payment, schedules the visit, and notifies Institution and NBTE (ES/TA).

QA conduct + reporting: Vendor (ZQAV) conducts QA and submits report to NBTE (Attention: TA to ES).

- **Internal review chain:** TA to ES forwards vendor report to the **Programmes Department**, then **CQAC → EXCO** for approval.

Use of this Instrument

Process map, evidence rules, and filing conventions

1.0 What this Instrument is for

Use this Instrument to run NBTE QA activities with **standard steps, defined roles, and auditable evidence** across digital QA and related instruments.

Where a workflow table exists, treat it as a **cross-reference only**; follow the **controlled procedure steps** as authoritative.

1.1 Process map (high-level)

A. Digital QA (end-to-end case flow)

1. Issue login credentials
2. Clear new programme requests (resource inspection) before costing
3. Confirm payment (Finance/DFA)
4. Receive SSQ submission (mandatory input)
5. Assign ICT Officer
6. Assign SSQ for evaluation (Programme Officer + Resource Person—Academia)
7. Independent SSQ assessment; upload reports
8. Verify/approve SSQ evaluation reports (or return for correction)
9. Assign and conduct verification visit; upload verification report
10. Departmental review → CQAC → EXCO approval/ratification
11. Final system update (ICT Officer) and external notification (JAMB Desk Officer)

B. Where to “enter” the Instrument (choose the right instrument)

Use the **SOP** to understand the controlled steps and controls.

Use the **Checklist** to verify completeness and capture evidence references.

Use the **Forms** (SSQ/Evaluation Forms) to record assessments and decisions.

1.2 Evidence rules

Apply these rules to keep decisions defensible and traceable:

Format and quality

Upload supporting documents inside the relevant SSQ module sections.

Use **PDF** and keep each file **≤ 5 MB**.

Upload only the **correct, final, signed/approved** version where applicable.

Ensure **pictorial evidence** is geotagged.

Completeness controls (do not skip)

Conduct an internal completeness review before submission (HoD + QA Desk Officer).

Review entries for accuracy and completeness before submission.

Submission controls

Treat SSQ submission as a **hard gate**: submit programme SSQs before institution-level submission.

After institution-level submission, enforce the **submission lock** (no new request/alteration until the next controlled stage).

Traceability and audit trail

Maintain a **document register** for each programme SSQ (file names and upload dates).

Keep an auditable record set per case, including payment proof/confirmation, locked SSQ, independent assessments, approval records, visit records, and notification evidence.

1.3 Filing conventions

Use a consistent structure so any reviewer can find evidence quickly:

Folder structure (recommended, aligned to the Evidence Index)

Create **one folder per Institution** and a **subfolder per programme**.

Evidence Index (mandatory register for retrieval)

Maintain an Evidence Index with: Evidence Ref, Evidence Item, Owner, Format/Rule, Location/Filename, Date Verified.

Use the Evidence Ref convention (e.g., EV-01, EV-02...) and keep filenames aligned to the index.

Filename convention (recommended)

Use a predictable naming pattern that matches the Evidence Index and supports quick sorting:

[Institution]_[Programme]_[RequestType]_[EV-##]_[DocumentName]_vX.Y_[YYYY-MM-DD].pdf

Example: KADPOLY_ChemEng_Accreditation_EV-08_PaymentProof_v1.0_2026-02-10.pdf
(Apply the PDF/size rule to uploads.)

Document register convention

For each programme, keep a register with at least: filename, version, owner, date uploaded, and upload reference/date.

1.4 Practical “quick use” steps (what users should do)

1. Identify the request type and open the matching SOP + Checklist.
2. Work through the checklist tables and capture evidence filenames/references.
3. Upload supporting documents in the relevant SSQ module sections, using the evidence rules.
4. Complete internal completeness review and sign-offs before submission.
5. Submit programme SSQs first, then submit at institution level; respect the submission lock.

Section One:

NBTE Digital Quality Assurance

1.1 Digital Quality Assurance Platform

1.1.1 Digital Quality Assurance Platform SOP for Internal Operations

1.1.1.1. Document control

SOP Title: NBTE Internal Procedures for Digital Quality Assurance

SOP ID: NBTE-DQA-SOP-2

Version: Version 2

Effective Date: 10/02/26

Next review date: 10/02/27

Document owner: NBTE

Approved by: Prof. Idris M. Bugaje, Executive Secretary, NBTE.

1.1.1.2. Purpose

This SOP defines the internal NBTE procedure, controls, roles, and records for managing digital quality assurance processes for TVET institutions.

1.1.1.3. Scope

This SOP applies to all NBTE departments involved in accreditation, reaccreditation, new programme requests (resource inspection), SSQ assessment and validation, financial processing, and verification and approval activities processed via the NBTE digital platform.

1.1.1.4. Definitions and acronyms

SSQ: TO CONFIRM (acronym used for “SSQ Assessment and Validation”).

CQAC: TO CONFIRM (committee that considers departmental recommendations).

EXCO: TO CONFIRM (body responsible for ratification).

DFA: TO CONFIRM (role shown as responsible for payment confirmation).

ES: Executive Secretary.

TA–ES (ICT): TO CONFIRM (assigns ICT Officer).

1.1.1.5. Roles and responsibilities

Role set used in this SOP (as stated in the source SOP): Institution; Finance/DFA; TA–ES (ICT); ICT Officer; Head of Division/Deputy Director; Programme Officer; Resource Person (Academia); Director/Divisional Head; Programme Staff; Resource Person (Professional Body); Audit; CQAC Chair; ES; EXCO; JAMB Desk Officer.

RACI summary (high level)

(R = Responsible, A = Accountable, C = Consulted, I = Informed) NA= Not Applicable

Activity	Institution	Finance/ DFA	TA-ES (ICT)	ICT Officer	Head of Div/Deputy Dir	Programme Officer	Resource Person (Academia)	Prog. Director	Resource Person (Professional Bodies)	Audit	CQAC Chair/CQAC	ES	EXCO	JAMB Desk
Login credentials	I	NA	C	R	NA	NA	NA	NA	NA	NA	NA	C	NA	NA
Clear new programme request	I	NA	NA	NA	A	R	NA	A/R	NA	NA	NA	I	NA	NA
Confirm payment	I	A/R	I	NA	I	NA	NA	I	NA	NA	NA	I	NA	NA
Submit SSQ	A/R	NA	I	NA	I	NA	NA	I	NA	NA	NA	I	NA	NA
Assign ICT Officer	NA	I	A/R	I	I	NA	NA	I	NA	NA	NA	I	NA	NA
Assign Finance Officer	NA	A/R	NA	A/R	I	NA	NA	I	NA	I	NA	I	NA	NA
Assign Audit Officer	NA	I	NA	NA	I	NA	NA	I	NA	A/R	NA	I	NA	NA
Assign SSQ assessors	NA	I	I	I	R	I	I	A/R/I	NA	I	NA	I	NA	NA
SSQ assessment	I	NA	NA	I	A	A/R	A/R	A/R/I	NA	NA	NA	I	NA	NA
Verify/approve SSQ reports	NA	NA	NA	I	R	C	C	A/R/I	NA	NA	NA	I	NA	NA
Assign visit team	I	I	C	I	R	I	NA	A/R/C/I	I	I	NA	C	NA	NA
Raise cost / audit clearance / approve funds	NA	A/R	NA	NA	I	I	NA	I	NA	A/R	NA	A/R	NA	NA
Conduct visit + upload report	I	NA	I	I	A/R	R	NA	A/R/I	R	I	NA	I	NA	NA
Submit report to CQAC	NA	NA	I	I	I	I	NA	A/R	NA	I	C	I	NA	NA
CQAC forwards recommendation to EXCO for approval	NA	NA	I	I	NA	NA	NA	I	NA	NA	A/R	I	NA	NA
Update platform	I	NA	C	A/R	I	I	NA	C/I	NA	NA	I	I	NA	NA
Notify JAMB	I	I	I	I	I	I	I	I		I	I	I	I	A/R

1.1.1.6. Procedure

NBTE shall manage digital QA cases using the steps defined below. The authoritative sequence is the procedure steps; the workflow table is a cross-reference only.

6.1 Step-by-step procedure (controlled)

1. **Issue login credentials** (see Step 1 in “TO-BE workflow”).
2. **Process and clear new programme requests (resource inspection)** prior to costing (Divisional Head)
3. **Confirm payment** uploaded by the Institution (Finance/DFA).
4. Assign personnel to Institution (i.e Finance + Audit) (DFA/DIA)
5. **Receive SSQ submission** from the Institution (mandatory workflow input) (Divisional head)
6. **Assign ICT Officer** to the case/institution (TA–ES (ICT)).
7. **Assign SSQ for evaluation** to Programme Officer and Resource Person (Academia) (Head of Division/Deputy Director).
8. **Conduct SSQ assessment** independently; enforce maximum of 3 SSQs per Programme Officer; upload reports.
9. **Verify and approve SSQ evaluation reports.** If unsatisfactory, return for correction with comments (Director/Divisional Head).
10. **Assign verification visit team** (Divisional Head/Director)
11. **Process visit finances:** raise cost (Finance), audit and clearance (Audit), approve funds (ES).
12. **Conduct verification visit** (Programme Staff + Resource Person (Professional Body).
13. **Upload verification report** to the platform (visit team).
14. **Departmental review and reports submission** to CQAC (Director and Divisional Heads).
15. **CQAC consideration** and forwarding to EXCO for approval (EXCO).
16. **Final system update:** ICT Officer updates approved programmes on the NBTE platform.
17. **External communication:** JAMB Desk Officer communicates approved programmes to JAMB and retains evidence.

1.1.1.6.2 Exceptions and decision points (TO CONFIRM where policy is needed)

Payment not confirmed → case status set to “Pending payment” until resolved.

SSQ reports unsatisfactory → return to assessors/institution with required corrections and resubmission timeline (TO CONFIRM).

Visit funding not approved → visit cannot proceed; escalate to Director/ES as appropriate (TO CONFIRM).

EXCO does not ratify → platform update and external notifications must not proceed (TO CONFIRM handling).

1.1.1.7. Records, evidence, and retention

NBTE shall maintain an auditable record set for each case. Retention periods are **TO CONFIRM** (align to NBTE records policy).

Minimum records per case

Credential issuance record and access approval evidence.

Clearance decision for new programme request (where applicable).

Payment proof + payment confirmation record (Finance/DFA).

SSQ submission (locked version) and two independent assessment reports.

SSQ verification/approval decision record.

Visit assignment record, cost memo, audit clearance, and ES approval of funds.
Verification report upload and version log.
Departmental reports to CQAC; CQAC outcome record; EXCO ratification reference.
Platform update log by ICT Officer.
JAMB notification evidence (copy/reference).

1.1.1.8. Quality controls and KPIs (measurable)

(Targets are TO CONFIRM; define thresholds internally.)

1. Median time to issue credentials after approval (days).
2. Median time from payment upload to payment confirmation (days).
3. % SSQ assessments completed within target timeframe (days).
4. % cases returned due to incomplete/poor SSQ reports (rework rate).
5. Compliance rate with “max 3 SSQs per Programme Officer + Resource Person”.
6. Median time from visit completion to report upload (days).
7. Median time from departmental submission to CQAC decision (days).
8. Median time from ES approval to EXCO ratification (days).
9. Median time from ratification to platform update (days).
10. % approved programmes notified to JAMB within target SLA (days).

1.1.1.9. Escalation and nonconformance handling

Nonconformance examples: payment mismatch; missing SSQ assessor report; incomplete verification report; unauthorised platform update; premature JAMB notification.

Escalation path (TO CONFIRM): Responsible role → Director/Divisional Head → ES, based on severity and impact.

1.1.1.10. Change log

TO CONFIRM: Rewritten for clarity, controls, consistent roles, and auditable records; reconciled narrative steps with workflow table items (notably SSQ submission).

E) Swimlane-style description (text only)

Institution: Requests access; submits SSQ; uploads payment evidence.

Programme/Division: Clears new programme requests; assigns SSQ assessors; reviews reports; compiles departmental recommendation.

ICT (TA–ES (ICT) / ICT Officer): Assigns ICT Officer; updates platform after approvals; maintains system logs.

Finance / DFA: Confirms payment; raises visit cost.

Audit: Clears visit cost/processing.

CQAC: Reviews departmental recommendation and forwards to EXCO.

Executive Secretary: Approves QA visit (personnel, cost and dates).

EXCO: approves outcomes.

JAMB Desk Officer: Communicates approved programmes to JAMB and retains evidence.

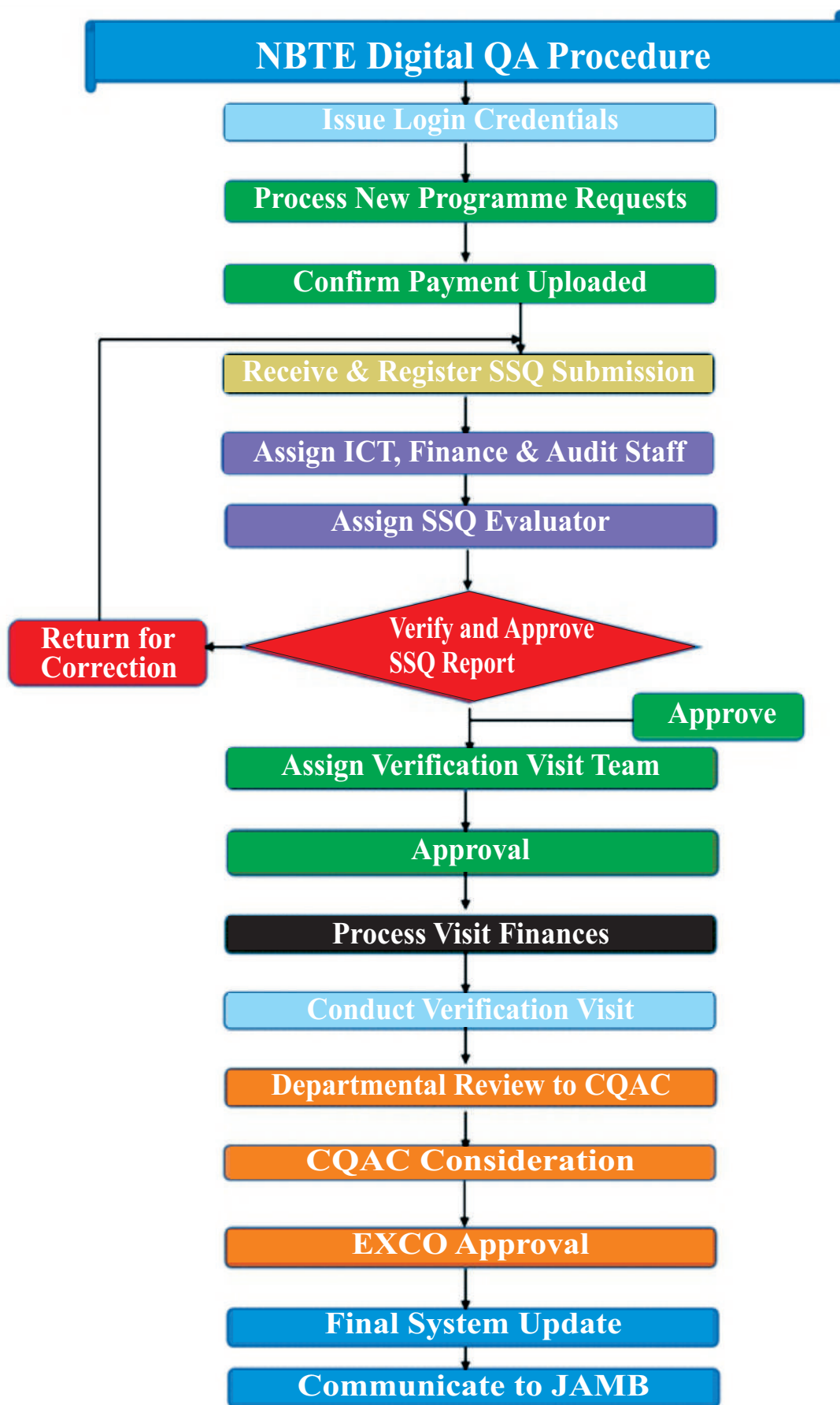


Figure 1: Digital Quality Assurance Platform SOP for Internal Operations

1.1.1.2 Internal Operations Checklist

This SOP aligns with ISO 9001 process controls, segregation of duties, documented evidence, and approval gating.

1.1.1.2.1 DOCUMENT CONTROL & CASE REGISTRATION

SN	Control Requirement	Yes	No	N/A	Evidence Reference
1.1	Case created in the platform with a unique ID	☐	☐	☐	
1.2	SOP version referenced in case file	☐	☐	☐	
1.3	Case status tracking enabled	☐	☐	☐	
1.4	All system logs are active and auditable.	☐	☐	☐	
1.5	Roles assigned with defined permissions	☐	☐	☐	

Best Practice Control:

- ✓ No processing outside the platform.
- ✓ Every action generates timestamp + user log.

1.1.1.2.2. ACCESS MANAGEMENT

SN	Control Requirement	Yes	No	N/A	Evidence
2.1	Institution formally requested platform access.	☐	☐	☐	
2.2	Access approval documented	☐	☐	☐	
2.3	Login credentials issued securely	☐	☐	☐	
2.4	Credential issuance log retained.	☐	☐	☐	
2.5	No unauthorised account used	☐	☐	☐	

Risk Control:

- ✓ access must precede SSQ submission.

1.1.1.2.3. NEW PROGRAMME REQUEST (IF APPLICABLE)

SN	Requirement	Yes	No	N/A	Evidence
3.1	New Programme Request submitted	☐	☐	☐	
3.2	Programme/Division clearance recorded	☐	☐	☐	
3.3	Clearance decision justified in writing	☐	☐	☐	
3.4	Status updated to “cleared for costing”	☐	☐	☐	

Control Gate:

Processing must not proceed without clearance.

1.1.1.2.4. PAYMENT VERIFICATION

SN	Requirement	Yes	No	N/A	Evidence
4.1	Payment proof uploaded by the Institution	☐	☐	☐	
4.2	Finance (DFA – TO CONFIRM) verified payment	☐	☐	☐	
4.3	Payment confirmation reference recorded.	☐	☐	☐	
4.4	Case moved to “Payment Confirmed” status.	☐	☐	☐	
4.5	If unpaid → case set to ON HOLD	☐	☐	☐	

Segregation of Duties:

- ✓ Finance confirms payment; Programme Division does not.

1.1.1.2.5. SSQ SUBMISSION & ASSIGNMENT

SN	Requirement	Yes	No	N/A	Evidence
5.1	SSQ submitted and locked	☐	☐	☐	
5.2	SSQ version control is active	☐	☐	☐	
5.3	Assessors assigned (Programme Officer + Resource Persons (Academia and professional Body)	☐	☐	☐	
5.4	Workload cap (≤ 3 SSQs per Programme Officer and Resource Persons) enforced	☐	☐	☐	
5.5	Assignment log generated	☐	☐	☐	

Quality Control:

- ✓ Independent assessment and report required.

1.1.1.2.6. SSQ ASSESSMENT & VERIFICATION

SN	Requirement	Yes	No	N/A	Evidence
6.1	Four independent SSQ reports uploaded.	☐	☐	☐	
6.2	Reports are time-stamped and locked.	☐	☐	☐	
6.3	Director/Divisional Head verified reports.	☐	☐	☐	
6.4	Decision recorded (Approved/Returned)	☐	☐	☐	
6.5	If returned → correction loop documented.	☐	☐	☐	

Risk Mitigation:

- ✓ Decision rationale must be written.
- ✓ No visit assignment before SSQ approval.

1.1.1.2.7. VERIFICATION VISIT PREPARATION

SN	Requirement	Yes	No	N/A	Evidence
7.1	Visit team formally assigned	☐	☐	☐	
7.2	Cost memo raised	☐	☐	☐	
7.3	Audit clearance obtained	☐	☐	☐	
7.4	ES approved visit for funding	☐	☐	☐	
7.5	Fund processing and payment	☐	☐	☐	
7.6	Funding status updated	☐	☐	☐	

Control Gate:

✓ Visit must not proceed without ES approval.

1.1.1.2.8. VERIFICATION VISIT EXECUTION

SN	Requirement	Yes	No	N/A	Evidence
8.1	Visit conducted by an authorised team (Programme Officer + Professional Bodies)	☐	☐	☐	
8.2	Evidence pack compiled	☐	☐	☐	
8.3	Verification reports uploaded	☐	☐	☐	
8.4	Report completeness verified	☐	☐	☐	
8.5	Report version controlled	☐	☐	☐	

1.1.1.2.9. DEPARTMENTAL & CQAC REVIEW

SN	Requirement	Yes	No	N/A	Evidence
9.1	Departmental report prepared	☐	☐	☐	
9.2	Departmental report submitted to CQAC	☐	☐	☐	
9.3	CQAC deliberation/recommendations recorded	☐	☐	☐	
9.4	CQAC decision/minutes extract filed	☐	☐	☐	

1.1.1.2.10. EXCO APPROVAL

SN	Requirement	Yes	No	N/A	Evidence
10.1	ES approval reference recorded.	☐	☐	☐	
10.2	EXCO Approval reference recorded	☐	☐	☐	
10.3	No platform update before ES approval	☐	☐	☐	
10.4	If not ratified → corrective path is triggered	☐	☐	☐	

1.1.1.2.11. PLATFORM UPDATE & JAMB NOTIFICATION

SN	Requirement	Yes	No	N/A	Evidence
11.1	ICT Officer updated the programme status	☐	☐	☐	
11.2	System change log recorded.	☐	☐	☐	
11.3	JAMB formally notified via their platform (IBASS)	☐	☐	☐	
11.4	Notification evidence archived	☐	☐	☐	
11.5	Case closed in the system.	☐	☐	☐	

1.1.1.2.12. RECORDS & RETENTION

SN	Requirement	Yes	No	N/A	Evidence
12.1	All required documents attached	☐	☐	☐	
12.2	Audit trail complete (no gaps)	☐	☐	☐	
12.3	Retention policy applied	☐	☐	☐	
12.4	Case archived properly	☐	☐	☐	

1.1.1.2.13. KPI & PERFORMANCE REVIEW

KPI	Target	Actual	Within Target?
Payment confirmation time	1 day	1 day	☐ Yes ☐ No
SSQ assessment cycle time	2 days	3 days	☐ Yes ☐ No
Visit report upload time	2 days	3 days	☐ Yes ☐ No
CQAC to ES cycle time	14 days	—	☐ Yes ☐ No
ES Approval to Institution/ Jamb	2 days	3 days	☐ Yes ☐ No
ES to EXCO ratification time	—	—	☐ Yes ☐ No

1.1.1.2.14. NON-CONFORMANCE & ESCALATION

Issue Identified	Root Cause	Corrective Action	Responsible	Closure Date

1.1.1.2.15. FINAL AUDIT DECLARATION

- ☐ All SOP steps complied with
- ☐ Minor deviations corrected
- ☐ Major non-conformance escalated
- ☐ Case fully compliant

1.1.2 Digital QA Platform for TVET Institutions

1.1.2.1 TVET Institutions SOP (Platform User SOP)

1.1.2.1 Introduction

This SOP provides a standard workflow for existing TVET institutions to carry out digital quality assurance activities on the NBTE digital platform.

1.1.1.2. Purpose

Standardise accreditation/re-accreditation and new programme request processes on the NBTE digital platform.

Ensure consistent completion and submission of Self Study Questionnaires (SSQs) for QA purposes.

Improve efficiency, transparency, and compliance through clear roles, controls, and records.

1.1.2.3. Scope

This SOP applies to digital QA requests for:

Resource Inspection (New Programme Request)

Accreditation/Re-accreditation

1.1.2.4. Definitions and Abbreviations

Term	Definition
NBTE	National Board for Technical Education.
TVET	Technical and Vocational Education and Training.
QA	Quality Assurance.
SSQ	Self-Study Questionnaire.
Resource Inspection	Digital request workflow used to seek clearance to mount a new programme.

1.1.2.5. Roles and Responsibilities

Roles are grouped into institution-level responsibilities and departmental-level responsibilities.

RACI Matrix:

Activity	Rector/Provost (Institution Admin)	Programme Lead/Department	NBTE
Request platform credentials	A/R	C	I
Submission of Login credentials	I	I	A/R
Initiate a request and generate costs.	A/R	C	I
Clearance (for new programme only)	I	I	A/R
Payment and upload proof	A/R	I	C
Payment Confirmation	I	I	A/R
Reset programme access	A/R	I	C
Complete SSQ modules	I	A/R	I
Submit programme SSQ	I	A/R	I
Submit SSQs to NBTE (institution-level)	A/R	C	I
Verification visit	I/C	I	A/R
Outcome communication via the platform	I	I	A/R

Legend: R = Responsible; A = Accountable; C = Consulted; I = Informed.

1.1.2.6. Prerequisites and Inputs

Official institutional letter requesting platform login credentials, signed by the Rector/Provost, and stating an active official email address for receipt of credentials.

Access to the NBTE digital platform: <https://www.digitalnbte.nbte.gov.ng/TVET/TVETLogin>

Ability to pay the system-generated fee and upload proof of payment.

Supporting documents prepared in PDF format, with a maximum size of 5MB per file.

1.1.2.7. Procedure

1.1.2.7.1 Request login credentials (institution level)

1. Prepare an official letter addressed to the Executive Secretary, NBTE, requesting login credentials for the Institution.
2. Include the institution name and an active official email address where credentials will be sent.
3. Retain a signed copy of the letter and an acknowledged copy for audit purposes.

Control point 1: Do not proceed until credentials are received via the official email and recorded.

1.1.2.7.2 Access the platform and secure the account

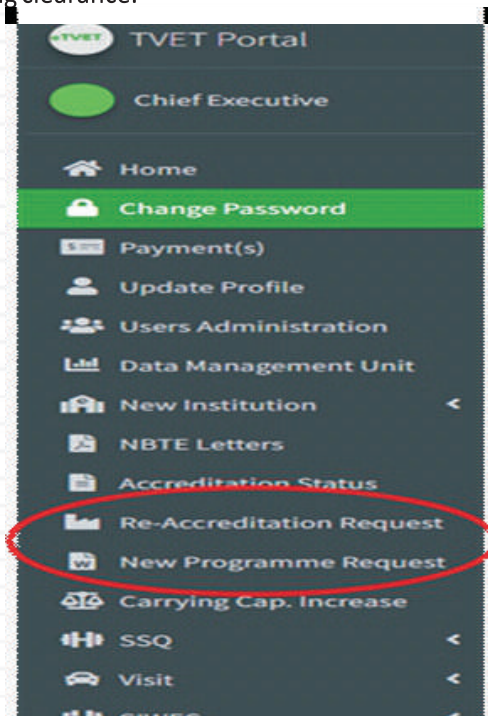
4. Log in to the NBTE digital platform using the credentials received.
5. On first login, change the password and update the profile as prompted.
6. Confirm the Institution contact details on the profile are correct to ensure notifications are received.

Control point 2: Restrict institution-level credentials to authorised officers and maintain an access register.

1.1.2.7.3 Initiate the QA request (select request type)

7. From the platform dashboard, initiate the appropriate request type: Re-accreditation or New Programme Request (Resource Inspection).
8. If Accreditation is required, initiate it using the relevant platform menu item. [Re-accreditation request button].

Control point 3: Confirm the selected request type matches the intended QA action before generating costs or seeking clearance.



1.1.2.7.4 Generate costs and seek clearance (as applicable)

1. For Accreditation/Re-accreditation, generate costs automatically as provided by the system.
2. For New Programme Request (Resource Inspection), select the programmes to be mounted, enter remarks, and submit for NBTE clearance.
3. NBTE applies the 80:20 technology/non-technology ratio requirement during clearance submission, as required.

Control Point 4: Validate programme selection and compliance constraints before submitting for clearance.

1.1.2.7.5 payment and confirmation

4. Pay the generated fee using the approved payment method.
5. Upload proof of payment on the platform in the required format.
6. Await payment confirmation on the platform before proceeding.

Control point 5 (hard gate): Cannot proceed to SSQ completion until payment is confirmed on the platform.

Confirm Payment

Action

RRR *

Payment Date *

dd/mm/yyyy

Payment Channel *

Please Select Payment Channel

Payment Receipt (PDF Only) *

Choose File No file chosen

Remark *

Remark

Submit

TVET Details

Narration

Payment for Quality Assurance Fee

Amount

4,000,000.00

1.1.2.7.6 Configure programme access for SSQ (institution level)

1. Log in using the Rector/Provost account and open User Administration.
2. View the List of programmes and their Programme IDs.
3. Reset each programme account as required by the system and log out.

Control point 6: Assign the login credentials to the heads of each department only for access control.

Chief Executive

Home

Change Password

Payment(s)

Update Profile

User Administration

Data Management Unit

New Institution

NBTE Letters

Accreditation Status

Re-Accreditation Request

New Programme Request

Carrying Cap. Increase

SSQ

Reset Users Password

Reset Users Password

Search

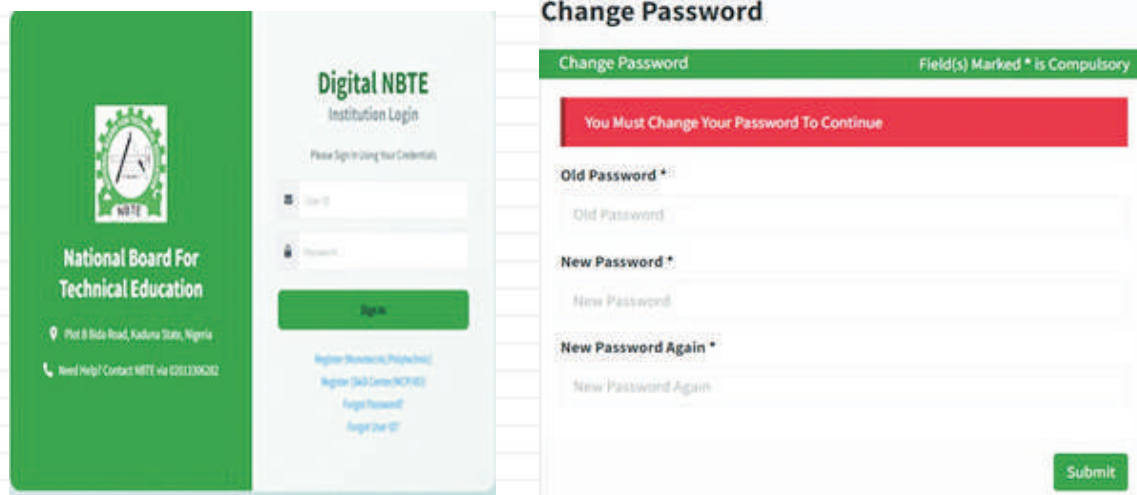
S.No	User ID	Programme	Action
1	1000216	WHD Agribusiness Management	✓ Reset
2	1000217	WHD Fisheries Technology	✓ Reset
3	1000218	WHD Agricultural Extension and Management	✓ Reset
4	1000219	WHD Home & Rural Economics	✓ Reset
5	10002110	WHD Crop Production Technology	✓ Reset
6	10002111	WHD Food Science and Technology	✓ Reset
7	10002112	WHD Agricultural Technology (General Agriculture)	✓ Reset
8	10002113	WHD Computer Science	✓ Reset

1.1.2.7.7 Programme login (programme level)

17. Log in using Username: Programme ID and Password: Programme ID.

18. Change the password immediately when prompted.

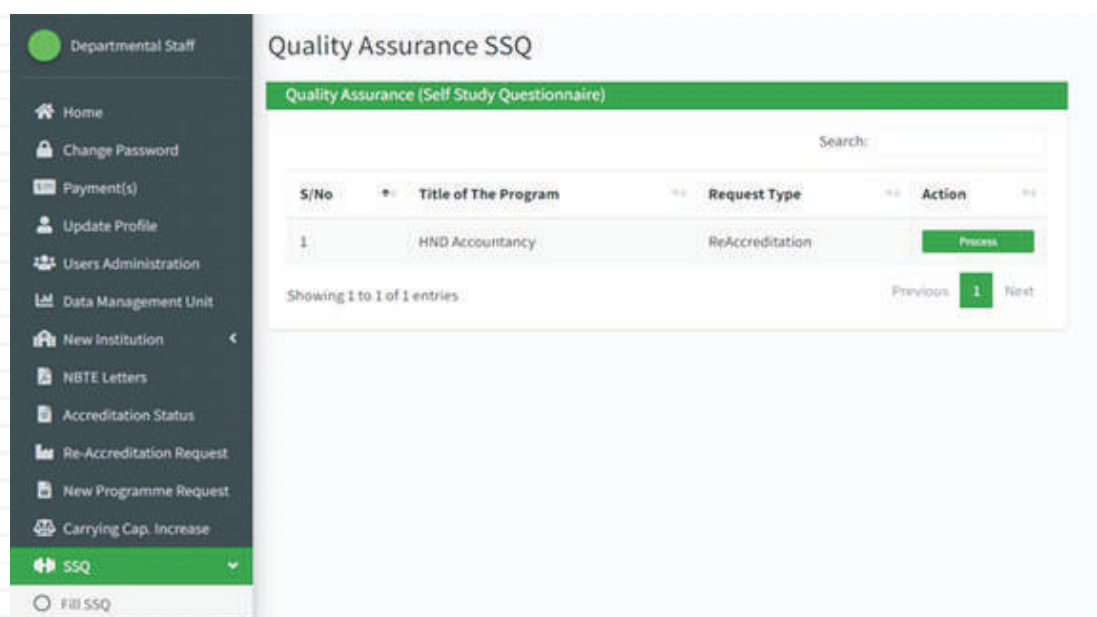
Control point 7: Programme passwords must be unique and shared only with authorised staff for that programme.



The image shows two screenshots of the Digital NBTE system. The left screenshot is the 'Digital NBTE Institution Login' page, which includes a login form with fields for 'User ID' and 'Password', a 'Login' button, and links for 'Register (New Users/Programmes)', 'Register (All Centres/NCETs)', 'Forgot Password?', and 'Forgot User ID?'. The right screenshot is the 'Change Password' page, which has a red banner stating 'You Must Change Your Password To Continue'. It contains three password fields: 'Old Password *', 'New Password *', and 'New Password Again *', each with a 'Show' or 'Hide' toggle. A 'Submit' button is at the bottom right.

1.1.2.7.8 Complete SSQ modules

20. Open the programme SSQ and click Process to begin.



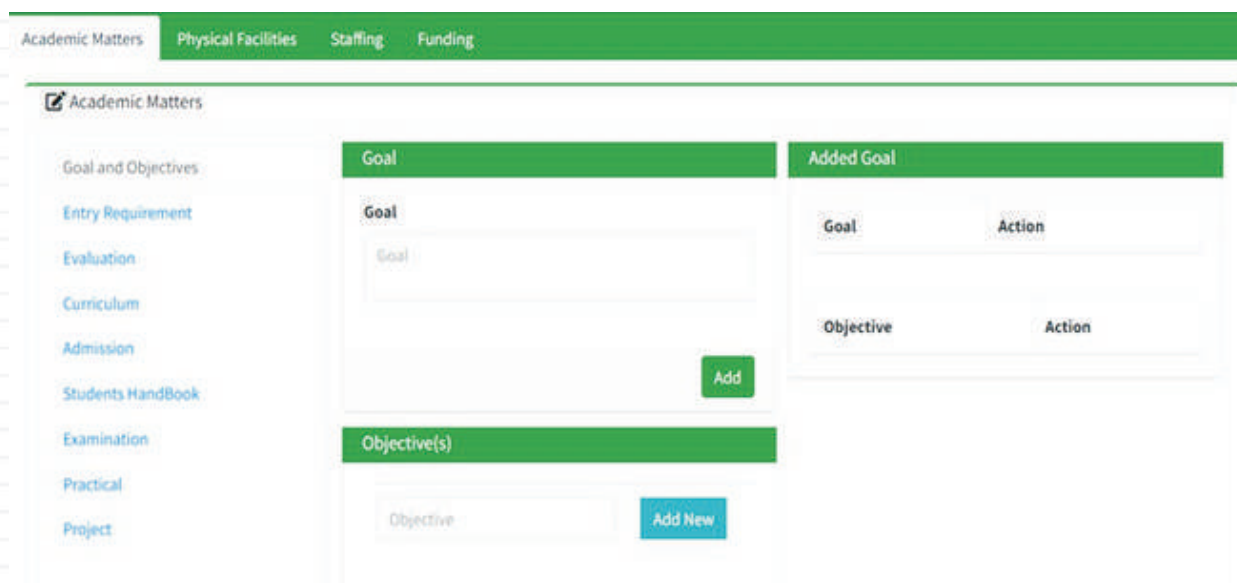
The image shows the 'Quality Assurance SSQ' interface. On the left is a sidebar menu with options: Departmental Staff, Home, Change Password, Payment(s), Update Profile, Users Administration, Data Management Unit, New Institution, NBTE Letters, Accreditation Status, Re-Accreditation Request, New Programme Request, Carrying Cap. Increase, SSQ (selected), and Fill SSQ. The main area is titled 'Quality Assurance SSQ' and 'Quality Assurance (Self Study Questionnaire)'. It features a search bar and a table with the following data:

S/No	Title of The Program	Request Type	Action
1	HND Accountancy	ReAccreditation	Process

Below the table, it says 'Showing 1 to 1 of 1 entries'. At the bottom of the table area are 'Previous', '1', and 'Next' navigation links.

21. For Accreditation/Re-accreditation, complete Academic Matters, Physical Facilities, Staffing, and Funding (all mandatory).

22. For New Programme Request (Resource Inspection), complete Academic Matters (Curriculum and Academic Regulations), Physical Facilities, and Staffing (mandatory). Other modules are optional.



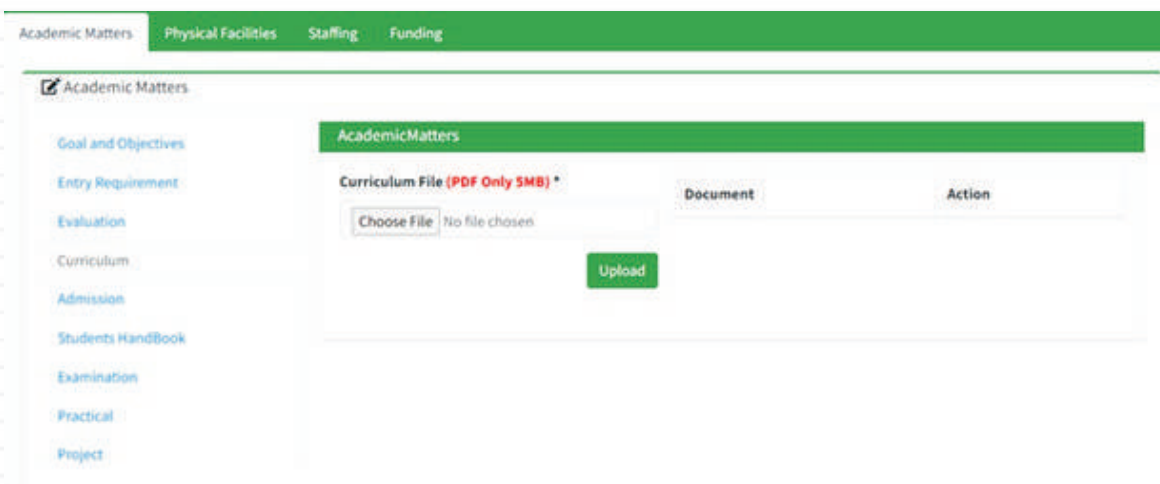
23. Review all entries for accuracy and completeness before submission.

Control point 8: Conduct an internal completeness review (Programme Head of Department plus QA Desk Officer) before submitting.

1.1.2.7.9 Upload supporting documents

24. Upload supporting documents in the relevant SSQ module sections where required.
25. Ensure all uploads are in PDF format and do not exceed 5 MB per file.
26. Ensure all pictorial evidence to be uploaded are geotagged
27. Verify that each upload is the correct, final, and signed/approved version where applicable.

Control point 9: Maintain a document register for each programme SSQ, including file names and upload dates.



1.1.2.7.10 Submit SSQ (programme level)

28. Add remarks in the SSQ as required.
29. Click 'Submit Self Study Questionnaire' to submit the programme SSQ.
30. Repeat submissions for all programmes included in the request.

Control point 10 (hard gate): Every programme SSQ must be submitted before institution-level submission to NBTE. Programme level submission does not go to NBTE direct, unless submitted by the Rector/Provost

Fill SSQ for : **HND Accountancy** Home / Quality Assurance SSQ

Submission Remark *

Submission Remark

Academic Matters | Physical Facilities | Staffing | Funding

☒ Academic Matters

Goal and Objectives

Entry Requirement

Evaluation

Curriculum

Admission

Students HandBook

Examination

AcademicMatters

Curriculum File (PDF Only SMB) *

Choose File No file chosen

Document

Action

Upload

A1.1.2.7.11 Submit SSQs to NBTE (institution level)

31. Log in as Rector/Provost and navigate to SSQ > Submit SSQ to NBTE.
32. Submit all completed SSQs together as one institution-level submission.

Control Point 11 (submission lock): After submission, neither new request nor alteration will be entertained until the verification visit is completed.

Chief Executive

Home

Change Password

Payment(s)

Update Profile

Users Administration

Data Management Unit

New Institution

NBTE Letters

Accreditation Status

Re-Accreditation Request

New Programme Request

Carrying Cap. Increase

SSQ

Submit SSQ To NBTE

Returned SSQ

Submit SSQ To NBTE

Close

Submitted Self Study Questionnaire(s)

Search:

S/No	Title of Program	Request Type
1	ND Crime Management	NewProgramme
2	HND Office Technology and Management	ReAccreditation
3	HND Building Technology	NewProgramme
4	ND Office Technology and Management	ReAccreditation
5	HND Mineral and Petroleum Resources Engineering Technology (Petroleum Engineering Option)	NewProgramme
6	HND Artificial Intelligence	NewProgramme
7	HND Agricultural and Bio- Environmental Engineering (Soil and Water)	NewProgramme
8	ND Procurement and Supply Chain Management	NewProgramme

1.1.1.7.12 Verification visit and outcome

33. NBTE officials and relevant professional bodies conduct verification visits based on the submitted SSQs.
34. Monitor the platform for accreditation status and outcome communications.

1.1.2.8. Records and Evidence

Signed credential request letter, proof of dispatch and acknowledged copy.
 Credentials receipt email and record of first login password change.
 Payment proof and platform confirmation status.

Programme ID register and access assignment log.
Completed SSQs and uploaded supporting documents (PDF, 5MB maximum per file).
Programme submission confirmations and the institution-level 'Submit SSQ to NBTE' record.
Verification visits evidence pack (as applicable) and platform outcome notification.

1.1.2.9. Exceptions and Error Handling

Errors	Handling
Login issues	Use the platform password reset function if available or escalate to NBTE support via 02013306282
Payment not confirmed	- Verify the uploaded proof, ensure it is readable, and escalate with transaction details. - Ensure you pay the exact amount generated by the system
Upload failures	- Confirm PDF format and - file size (max 5 MB per file).
Department cannot access SSQ	- confirm the programme password reset is complete and - the correct Programme ID is being used
New request blocked after submission	wait until verification visit completion status is recorded on the platform.

1.1.2.10. Compliance Statements

A formal request for platform login credentials is mandatory before starting any digital QA workflow.
All SSQs must be completed and submitted at the programme level before institution-level submission to NBTE.
All SSQs must be submitted to NBTE together at the institutional level.
After SSQ submission, no new request is allowed until the verification visit is completed.
NBTE officials and relevant professional bodies conduct verification visits, and outcomes are communicated via the platform.

1.1.2.11. References and Related Documents

NBTE digital Platform: <https://web.nbte.gov.ng>
NBTE digital QA user guidance
STANDARD OPERATING PROCEDURE (SOP) for Digital Quality Assurance for Existing TVET Institutions (NBTE/DQA/02)
<https://www.digitalnbte.nbte.gov.ng/Public/PUCPolyte>

1.1.2.12. Revision History

Version	Date	Description of Change	Author
Version 2.0	February, 2026	Initial audit-ready rewrite and standardisation of steps, roles, control points, and records.	Office of the Technical Assistant to the Executive Secretary on Physical Quality Assurance

Quick Guide Checklist

Send an official letter requesting platform credentials; include an active official email address.
Log in to the platform and change password; update profile.
Initiate request type (Re-accreditation or New Programme Request).
Generate costs and, where applicable, submit for clearance with the 70:30 technology/non-technology requirement.
Pay the generated fee, upload proof, and wait for confirmation.
Reset programme accounts in User Administration; record Programme IDs and assign to relevant heads of programmes.
HODs Log in at programme level using Programme ID; change password.
Complete required SSQ modules and upload PDFs (maximum 5MB per file).
Submit each programme SSQ, then submit all SSQs to NBTE at the institution level.
Do not initiate a new request until the verification visit is completed; monitor outcomes on the platform.

Workflow Map (plain text)

1. Request credentials (official letter + official email)
2. Platform login (change password; update profile)
3. Initiate request (Re-accreditation / New Programme Request / Accreditation)
4. Generate costs / seek clearance (apply 70:30 technology/non-technology where applicable)
5. Payment (upload proof; await confirmation)
6. User Administration (programme IDs; reset programmes)
7. Programme login (Programme ID; change password)
8. Complete SSQ modules and upload supporting PDFs (max 5MB per file)
9. Submit programme SSQs (repeat for all programmes)
10. Submit SSQs to NBTE (submit all together)
11. Verification visit
12. Outcome communicated via platform

Lock rule: No new requests after submission until the verification visit is completed

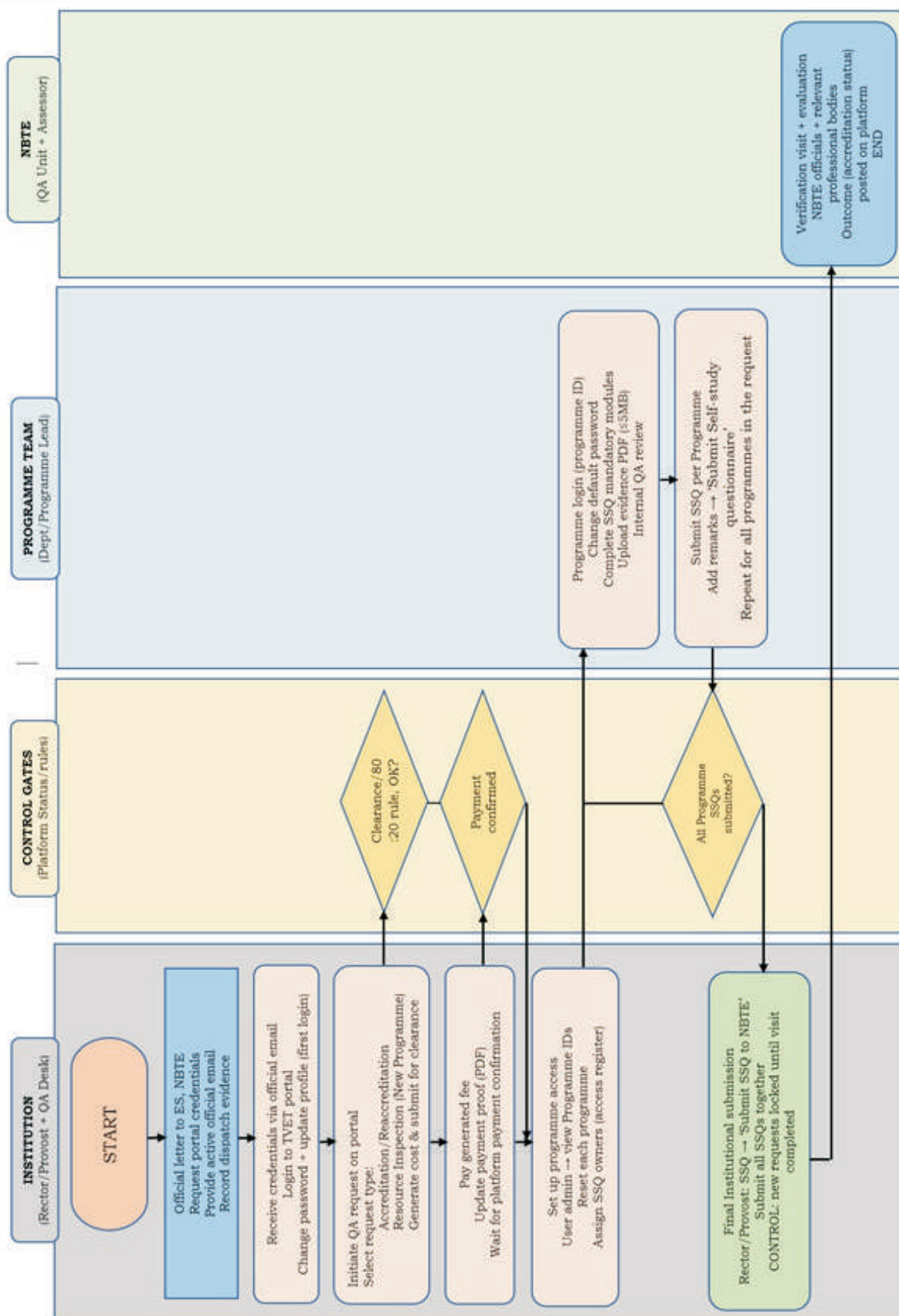


Figure 2: NBTE Digital Quality Assurance Platform SOP for TVET Institutions Flowchart

1.1.2.2 TVET Institutions Checklist

Institution Name: _____

Institution Type: Polytechnic / Monotechnic / College / Other: _____

Institution Platform Email (Official): _____

Request Type (tick one): ☐ Re-accreditation ☐ Accreditation ☐ New Programme (Resource Inspection)

QA Cycle/Session (if applicable): _____

Date Checklist Started: _____ **Date Completed:** _____

INSTRUCTIONS FOR USE (CONTROLLED)

Tick **Available** only when evidence is uploaded/retained and is legible, current, and approved.

Use **Non-Available** when missing, incorrect, expired, or not verifiable.

Use **Remarks** for gaps, corrective actions, file names, and platform status references.

Observe **Hard Gates** (cannot proceed until satisfied): Payment confirmation; programme SSQ submission before institution submission; submission lock until verification visit completes.

CHECKLIST TABLE 1 — PREREQUISITES AND INPUTS

S N	Checklist Item	Available	Non-Available	Remarks
P 1	Official letter requesting platform login credentials prepared and signed by Rector/Provost	☐	☐	Letter ref no., Date
P 2	Letter includes institution name and active official email for credential receipt	☐	☐	Confirm email accuracy
P 3	Signed copy retained and acknowledged/received copy available for audit	☐	☐	Proof of dispatch/acknowledgment
P 4	Platform access URL confirmed and reachable	☐	☐	https://www.digitalnbte.nbte.gov.ng/TVET/TVELogin
P 5	Payment readiness confirmed (funds available; approved method identified)	☐	☐	Payment channel
P 6	Supporting documents compiled in PDF and each file ≤ 5 MB	☐	☐	Note any exceptions

P 7	Pictorial evidence prepared and geotagged where required	☐	☐	Geotag method/notes
P 8	Internal QA team designated (Rector/Provost, QA Desk Officer, HoDs)	☐	☐	Names and roles

CHECKLIST TABLE 2 — STEP 7.1 REQUEST LOGIN CREDENTIALS (INSTITUTION LEVEL)

SN	Checklist Item	Available	Non-Available	Remarks
1.1	Credential request letter addressed to the Executive Secretary, NBTE.	☐	☐	Subject line correct
1.2	Letter includes official email and institution identifier details.	☐	☐	Email confirmed
1.3	Credential receipt email received via official email	☐	☐	Date/time received
1.4	Credential receipt recorded in institution register (who received, when, where stored)	☐	☐	Register Reference
GATE 1	Do not proceed until credentials are received and recorded	☐	☐	Gate status

CHECKLIST TABLE 3 — STEP 7.2 ACCESS PLATFORM AND SECURE ACCOUNT

SN	Checklist Item	Available	Non-Available	Remarks
2.1	First login completed successfully using received credentials	☐	☐	Username used
2.2	Password changed on first login	☐	☐	Date/time changed
2.3	Institution profile updated as prompted	☐	☐	Fields updated
2.4	Contact details verified (email/phone/address) to enable notifications	☐	☐	Any corrections made
2.5	Access restricted to authorised officers; access register created/updated	☐	☐	Register location
2.6	Evidence retained: screenshot/log of password change prompt completion (where possible)	☐	☐	Evidence filename
CONTROL 2	Credentials custody controlled (no shared personal emails; restricted access)	☐	☐	Note controls

CHECKLIST TABLE 4 — STEP 7.3 INITIATE QA REQUEST (SELECT REQUEST TYPE)

SN	Checklist Item	Available	Non-Available	Remarks
3.1	Correct request type selected on dashboard (matches intended QA action)	☐	☐	Selected menu/button
3.2	For accreditation/re-accreditation: correct platform action initiated	☐	☐	Request reference
3.3	For new programme request: Resource Inspection option selected	☐	☐	Programme list attached
GATE 3	Request type validated before costing/clearance	☐	☐	Gate status

CHECKLIST TABLE 5 — STEP 7.4 GENERATE COSTS AND SEEK CLEARANCE (AS APPLICABLE)

SN	Checklist Item	Available	Non-Available	Remarks
4.1	For accreditation/re-accreditation: system-generated costs produced	☐	☐	Amount; date
4.2	For new programme: programmes selected correctly; remarks entered	☐	☐	Selection verified
4.3	Clearance request submitted to NBTE (new programme only)	☐	☐	Submission ref
4.4	Technology/non-technology ratio requirement addressed during clearance	☐	☐	As applied by NBTE
CONTROL 4	Programme selection validated internally before clearance submission	☐	☐	Reviewer name

CHECKLIST TABLE 6 — STEP 7.5 PAYMENT AND CONFIRMATION

SN	Checklist Item	Available	Non-Available	Remarks
5.1	Exact system-generated fee paid (no under/overpayment)	✓	✓	Amount; date; channel
5.2	Proof of payment uploaded in the required format and readable.	✓	✓	Filename; size
5.3	Transaction details recorded (Reference, payer, bank/channel)	✓	✓	Record location
5.4	Payment confirmation received on the platform	✓	✓	Status text/screenshot
HARD GATE 5	Cannot proceed until payment is confirmed on the platform	✓	✓	Gate status

CHECKLIST TABLE 7 — STEP 7.6 CONFIGURE PROGRAMME ACCESS FOR SSQ (INSTITUTION LEVEL)

SN	Checklist Item	Available	Non-Available	Remarks
6.1	Rector/Provost account used to access User Administration.	✓	✓	Date/time
6.2	Programme list reviewed and Programme IDs captured	✓	✓	Register filename
6.3	Each programme account is reset as required by the system.	✓	✓	Reset log evidence
6.4	Programme credentials assigned only to HoDs/authorised programme staff	✓	✓	Access assignment log
6.5	Programme access register maintained (who, when, programme, acknowledgement)	✓	✓	Register Reference
CONTROL 6	Handover controls applied (no informal sharing; accountability maintained)	✓	✓	Notes

CHECKLIST TABLE 8 — STEP 7.7 PROGRAMME LOGIN (PROGRAMME LEVEL)

SN	Checklist Item	Available	Non-Available	Remarks
7.1	Programme login successful using Programme ID credentials	✓	✓	Programme name
7.2	Password changed immediately after the first programme login.	✓	✓	Date/time
7.3	Unique passwords used; access limited to authorised programme team	✓	✓	Access controls
CONTROL 7	Programme password confidentiality is maintained and documented.	✓	✓	Evidence

CHECKLIST TABLE 9 — STEP 7.8 COMPLETE SSQ MODULES

SN	Checklist Item	Available	Non-Available	Remarks
8.1	SSQ opened, and “Process” initiated	✓	✓	Platform status
8.2	Accreditation/Re-accreditation: Academic Matters completed	✓	✓	Module status
8.3	Accreditation/Re-accreditation: Physical Facilities completed	✓	✓	Module status
8.4	Accreditation/Re-accreditation: Staffing completed	✓	✓	Module status
8.5	Accreditation/Re-accreditation: Funding completed	✓	✓	Module status
8.6	New programme request: Academic Matters (Curriculum + Regulations) completed	✓	✓	Module status
8.7	New programme request: Physical Facilities completed	✓	✓	Module status
8.8	New programme request: Staffing completed	✓	✓	Module status
8.9	Internal completeness review conducted (HoD + QA Desk Officer)	✓	✓	Review date: names
8.10	Entries reviewed for accuracy and consistency before submission.	✓	✓	Errors corrected
CONTROL 8	Internal review evidence retained (minute, checklist, sign-off)	✓	✓	Evidence filename

CHECKLIST TABLE 10 — STEP 7.9 UPLOAD SUPPORTING DOCUMENTS

SN	Checklist Item	Available	Non-Available	Remarks
9.1	All required supporting documents uploaded in the correct SSQ sections	✓	✓	List key docs
9.2	All uploads are PDF and ≤5 MB each.	✓	✓	Note exceptions
9.3	Pictorial evidence geotagged where required.	✓	✓	Example file
9.4	Uploaded files verified as final, signed/approved where applicable.	✓	✓	Verification done by
9.5	Document register maintained (filename, version/date, uploader, upload date)	✓	✓	Register ref
CONTROL 9	Upload QA performed to prevent wrong/duplicate/unsigned documents.	✓	✓	Notes

CHECKLIST TABLE 11 — STEP 7.10 SUBMIT SSQ (PROGRAMME LEVEL)

SN	Checklist Item	Available	Non-Available	Remarks
10.1	Remarks entered where required in SSQ.	✓	✓	Summary
10.2	“Submit Self-Study Questionnaire” completed for the programme.	✓	✓	Submission proof
10.3	Submission confirmation captured (status/screenshot/reference)	✓	✓	Evidence filename
10.4	Process repeated for all programmes in the request.	✓	✓	Programme count
HARD GATE 10	All programme SSQs submitted before the institution-level submission	✓	✓	Gate status

CHECKLIST TABLE 12 — STEP 7.11 SUBMIT SSQs TO NBTE (INSTITUTION LEVEL)

SN	Checklist Item	Available	Non-Available	Remarks
11.1	Rector/Provost login used to navigate SSQ > Submit SSQ to NBTE	✓	✓	Date/time
11.2	All completed SSQs submitted together as one institution submission.	✓	✓	Submission ref
11.3	Institution submission record retained (platform confirmation evidence)	✓	✓	Evidence filename
SUBMISSION LOCK 11	After submission, no new request/alteration until the verification visit is completed	✓	✓	Lock acknowledged

CHECKLIST TABLE 13 — STEP 7.12 VERIFICATION VISIT AND OUTCOME

SN	Checklist Item	Available	Non-Available	Remarks
12.1	Verification visit readiness pack compiled (SSQs + uploads + registers)	✓	✓	Evidence index attached
12.2	Verification visit conducted by NBTE and relevant professional bodies	✓	✓	Date; attendees
12.3	Platform monitored for status updates and outcome communications.	✓	✓	Frequency
12.4	Outcome notification captured and filed.	✓	✓	Evidence filename
12.5	Post-visit actions logged (corrective actions, clarifications, resubmissions if allowed)	✓	✓	Action log ref

CHECKLIST TABLE 14 — EXCEPTIONS AND ERROR HANDLING

SN	Issue	Available	Non-Available	Remarks
E1	Login issues resolved via platform reset or escalated to NBTE support	✓	✓	Support line: 02013306282
E2	Payment not confirmed: proof verified and escalation done with transaction details.	✓	✓	Case notes
E3	Upload failures resolved (PDF format; ≤5 MB; retry documented)	✓	✓	File affected
E4	Department cannot access SSQ: programme reset confirmed; correct Programme ID used	✓	✓	Programme
E5	New request blocked after submission: Institution complied with lock rule	✓	✓	Platform status

SIGN-OFF BLOCKS

Programme-Level Sign-Off (complete per programme)

Programme Name: _____ Programme ID: _____
 Head of Department (HoD): _____ Signature: _____ Date: _____
 QA Desk Officer (Review): _____ Signature: _____ Date: _____
 Remarks/Corrective Actions: _____

Institution-Level Sign-Off

Rector/Provost (Accountable): _____ Signature: _____ Date: _____
 Institution QA Desk Officer: _____ Signature: _____ Date: _____
 Institution Access Register Custodian: _____ Signature: _____ Date: _____

NBTE Acknowledgement (where applicable)

Receiving Officer/Unit: _____ Signature: _____ Date: _____
 Platform submission Reference: _____

EVIDENCE INDEX (RECORDS AND EVIDENCE REGISTER)

Use this index to file evidence in a single folder per Institution and subfolder per programme.

Evidence Ref	Evidence Item	Owner	Format/Rule	Location / Filename	Date	Verified (Y/N)
EV-01	Signed credential request letter	Rector/Provost	Signed PDF			
EV-02	Proof of dispatch + acknowledged copy	Registry/Admin	PDF/Image			
EV-03	Credential receipt email	ICT/QA Desk	Email PDF			
EV-04	First login password change evidence	ICT/QA Desk	Screenshot/PDF			
EV-05	Institution access register	ICT/QA Desk	Register PDF/XLS			
EV-06	Cost generation record	QA Desk	Screenshot/PDF			
EV-07	Clearance submission record (new programme)	QA Desk	Screenshot/PDF			
EV-08	Payment proof uploaded	Bursary	PDF ≤ 5 MB			
EV-09	Payment confirmation status	QA Desk	Screenshot/PDF			
EV-10	Programme ID register	Rector/Provost Office	PDF/XLS			
EV-11	Programme access assignment log	QA Desk	PDF/XLS			
EV-12	Completed SSQ modules (export/snapshots)	HoD/Programme Team	PDF/Screens			
EV-13	Supporting documents pack (per programme)	HoD	PDF ≤ 5 MB each			



EV-14	Geotagged pictorial evidence	HoD/Works	Image/PDF			
EV-15	Programme SSQ submission confirmation	HoD	Screenshot/PDF			
EV-16	Institution-level submission confirmation	Rector/Provost	Screenshot/PDF			
EV-17	Verification visit evidence pack	QA Desk	PDF			
EV-18	Outcome notification from the platform	QA Desk	Screenshot/PDF			
EV-19	Corrective action log (if any)	QA Desk	PDF/XLS			



Section Two:

NBTE Physical Quality Assurance

2.1 Physical Quality Assurance (ZQAV Model)

2.1.1 Physical QA SOP

2.1.1.1. Document control

SOP Title: NBTE Procedures for Physical Quality Assurance

SOP ID: NBTE-PQA-SOP-2

Version: Version 2

Effective Date: 10/02/26

Next review date: 10/02/27

Document owner: NBTE

Approved by: Prof. Idris M. Bugaje, Executive Secretary, NBTE.

2.1.2. Purpose

This SOP defines the NBTE procedure, controls, roles, and records for managing Physical quality assurance processes for TVET institutions.

2.1.3. Scope

This SOP applies to all NBTE departments involved in physical accreditation, reaccreditation, new programme requests (resource inspection), SSQ assessment, NBTE processing fee payment, Vendor's QA visit payment, QA Visitation, and QA Visit Report approval activities.

2.1.4. Definitions and acronyms

ZQAVs: Zonal Quality Assurance Vendors

SSQ: TO CONFIRM (acronym used for "SSQ Assessment and Validation").

AAC: TO CONFIRM (committee that considers departmental recommendations).

EXCO: TO CONFIRM (body responsible for ratification).

DFA: TO CONFIRM (role shown as responsible for payment confirmation).

CQAC: Central Quality Assurance Committee

ES: Executive Secretary.

TA–ES PQ: Technical Assistant to ES on Physical Quality Assurance.

2.1.5 Procedures

1. QA Assessment Request Submission and Vendor/NBTE Notification

An institution seeking a physical QA assessment shall submit a written request to the vendor representing its zone via official email, WhatsApp, or hand delivery to the vendor's office; a copy of the request shall also be sent to the Executive Secretary (ES) of the NBTE, Attention: TA to the ES, NBTE, via official email, WhatsApp, or hand delivery.

2. Processing Fee Communication and Payment

The TA to ES reviews the Institution's request and supporting documents, and, upon confirming that the Institution meets the requirements for outsourced quality assurance, communicates the required processing fee of Three Hundred Thousand Naira (? 300,000.00) per programme to the Institution. The Institution should note that payment must be made through REMITA as described in the following steps.

- Visit the Remita website: www.remita.net.
- Click on "Pay a Federal Government Agency."
- Fill in the "Name of MDA" as "National Board for Technical Education."
- Fill in the following details on the page:

Under the name of Service/Purpose, the Institution selects any of the underlisted options closest to the purpose of the payment:

- i. Accreditation Fees
- ii. NSQF Fees
- iii. Curriculum Development Fees
- iv. SIWES Fees
- v. Verification Fees
- vi. Resource Inspection & Advisory Fees
- vii. Please **do not** click on "Refund."
- e. Click "**Proceed to Payment**" if all required details have been entered.
- f. After clicking the above option, a page displaying the Remita Retrieval Reference (**RRR**) will appear.
- g. Select the mode of payment from the options given on the page and proceed accordingly.
- h. Print the **Invoice** page and take the RRR to any bank branch if the "**Pay at a Bank Branch**" option is chosen. Click "**See available Bank Branches.**"
The Institution remits this fee within one month of notification.
Payment is made through REMITA, and proof of payment, a scanned copy showing the Remita Retrieval Reference (**RRR**) number, is sent in writing by email, WhatsApp, and by hand to the TA to the ES on Physical Quality Assurance.

3. **Vendor Communication of the QA Visit Cost to the Institution**

The vendor uses NBTE's standardised costing template to prepare a detailed budget for the QA visit and communicates the required payment for the visit to the Institution; a copy of the request shall also be sent to the Executive Secretary (ES) of the NBTE, Attention: TA to the ES, NBTE, via official email, WhatsApp, or hand delivery. The vendor strictly adheres to the NBTE's standardised costing template.

4. **Institutional Payment and Vendor Notification for the Quality Assurance (QA) Visit**

The Institution pays the cost of the QA visit as communicated by the vendor and notifies the vendor by letter, attaching the payment receipt.

5. **Scheduling and Notification of the Quality Assurance (QA) Visit**

After confirming receipt of payment from the Institution, the vendor schedules the physical QA visit and communicates the schedule to the Institution and the Executive Secretary (ES) of NBTE, for the attention of the TA to the ES.

6. **Quality Assurance Visit and Reporting**

The vendor carries out the physical QA exercise, while the NBTE Monitoring and Evaluation (M&E) team monitors it. Upon completion, the vendor issues a comprehensive report detailing findings, recommendations, and compliance status to the Executive Secretary (ES) of NBTE, for the attention of the TA.

7. **Submission of the Report by the TA to the ES (NBTE) to the Relevant NBTE Programmes Department**

The TA to the ES on Physical QA forwards the report to the relevant NBTE programmes department for review and evaluation of the findings.

8. **NBTE Programmes Department Review, Evaluation, and Submission of the QA Visit Report to the CQAC.**

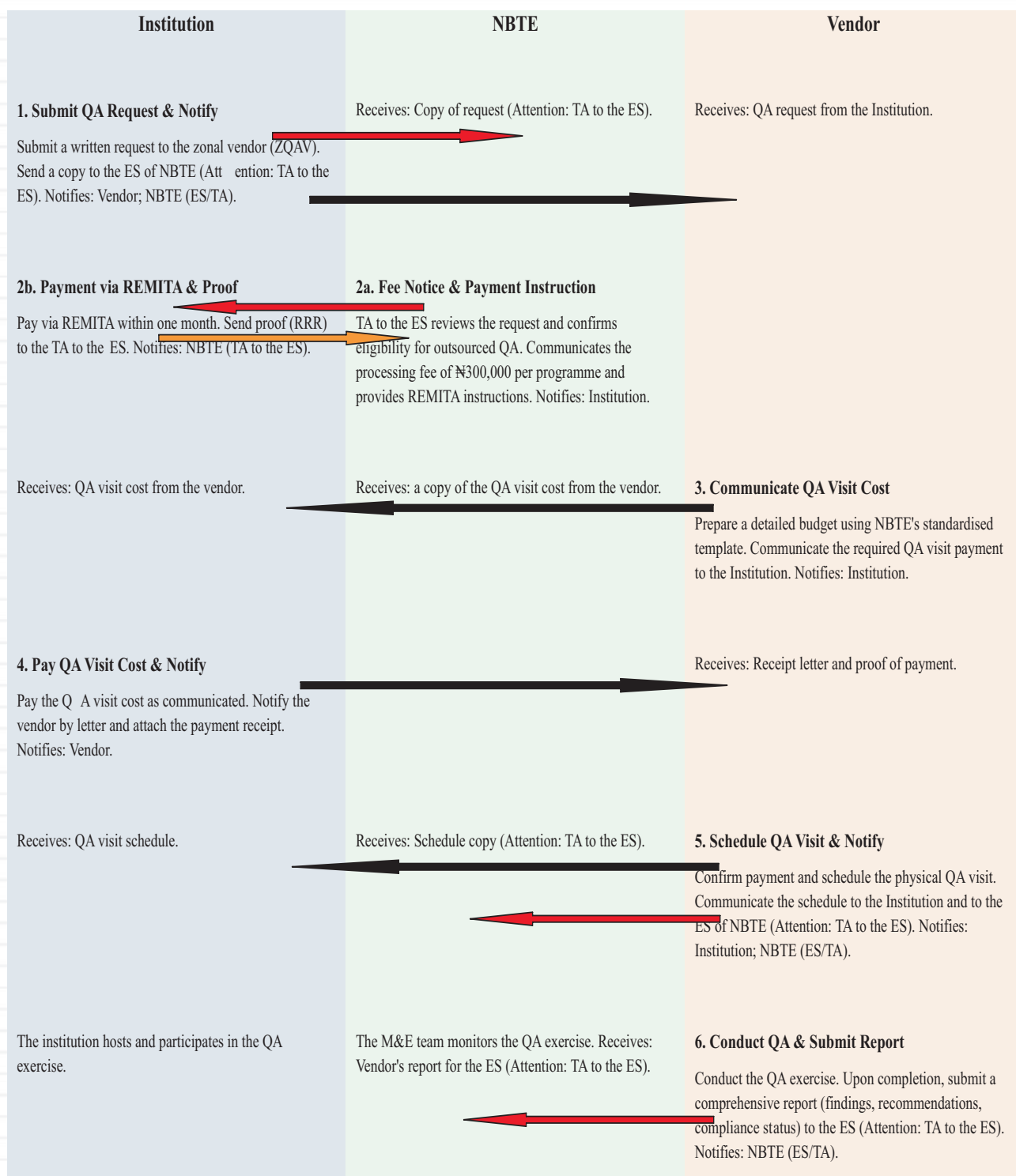
The Director of the NBTE programmes department reviews and evaluates the QA visit report and submits the recommendations to the CQAC.

9. **CQAC Review and Recommendation on Programmes Department Submission**

The CQAC considers the programme department's recommendation and forwards it to EXCO for approval.

10. **EXCO Approval of the CQAC submission**
The EXCO approves the CQAC-recommended programme.
18. **Final system update:**
The ICT Officer updates approved programmes on the NBTE platform.
19. **External communication:**
JAMB Desk Officer communicates approved programmes to JAMB and retains evidence.

2.1.6 NBTE PHYSICAL QUALITY ASSURANCE OPERATIONS FLOWCHART



7. Forward to Programmes Department

TA to the ES forwards the vendor's report to the relevant NBTE programmes department for review and evaluation. Notifies: Programmes Department.

8. The Programmes Department Review & Submit Recommendations to CQAC.

The Programmes Director reviews and evaluates the QA visit report and submits recommendations to the EXCO.

9. CQAC Review & Submit Recommendations to EXCO

The CQAC considers the programme department's recommendation and forwards it to EXCO for approval.

10. CQAC Review & Submit Recommendations to EXCO

The CQAC considers the programme department's recommendation and forwards it to EXCO for approval.

11. EXCO Approval of the CQAC submission

The EXCO approves the CQAC-recommended programme.

12. Final System Update:

The ICT Officer updates approved programmes on the NBTE platform.

13. JAMB Communication:

JAMB Desk Officer communicates approved programmes to JAMB and retains evidence.

Notes: All communications may be by official email, WhatsApp, or hand delivery as specified.

2.1.2 Physical QA Checklist

2.1.2.1 Document control

Field	Value
SOP Title	NBTE Procedures for Physical Quality Assurance
SOP ID	NBTE-PQA-SOP-2
Version	Version 2
Effective Date	10/02/26
Next review date	10/05/26
Document owner	NBTE
Approved by	Prof. Idris M. Bugaje, Executive Secretary, NBTE
Checklist custodian	TA-ES (Physical Quality Assurance)

2.1.2.2 Checklist instructions

Tick one option per line: Available or Non-Available.

Use 'Remarks' to cite evidence IDs (see Evidence Index) and note gaps or actions required.

Attach or reference supporting records in the case file using the Case ID.

Where WhatsApp is used, export chat evidence or capture screenshots and file them under the Case ID.

2.1.2.3 Case details

Case ID	
Zone	
Institution	
Location/Campus	
Programmes covered	
QA Type (Accreditation/Reaccreditation/Resource Inspection)	
Vendor (ZQAV)	
Dates of visit	

2.1.2.4 SOP Checklist

A. Case initiation and eligibility (Step 1)

Item ID	Checklist item	Available	Non-Available	Remarks
A1	Institution submits a formal QA request to the zonal Vendor (via email/WhatsApp/hand delivery).	✓	✓	
A2	The Institution sends a copy of the request to ES NBTE (Attention: TA-ES PQ).	✓	✓	
A3	TA-ES PQ assigns the Case ID and logs the case in the Physical QA Register.	✓	✓	
A4	TA-ES PQ verifies the zone/vendor match and the completeness of the programme list.	✓	✓	
A5	TA-ES PQ completes eligibility screening for outsourced Physical QA and files the evidence list.	✓	✓	
A6	Communication channels recorded and archived for audit (email export/WhatsApp backup, where used).	✓	✓	

B. NBTE processing fee and REMITA controls (Step 2)

Item ID	Checklist item	Available	Non-Available	Remarks
B1	TA-ES PQ issues processing fee notice (N300,000 per programme) with REMITA instructions.	✓	✓	
B2	The Institution pays the processing fee via REMITA within one month of notification.	✓	✓	
B3	Institution submits proof of payment showing RRR to TA-ES PQ.	✓	✓	
B4	Finance/DFA confirms payment against the RRR and NBTE account.	✓	✓	
B5	TA-ES PQ updates the Register: RRR, payment date, confirmer, status set to 'NBTE Fee Confirmed'.	✓	✓	
B6	Control: case does not proceed to scheduling until NBTE fee is confirmed.	✓	✓	

C. Vendor costing and template compliance (Step 3)

Item ID	Checklist item	Available	Non-Available	Remarks
C1	Vendor prepares QA visit budget using NBTE standardised costing template.	✓	✓	
C2	Vendor communicates QA visit cost to Institution and copies ES NBTE (Attention: TA-ES PQ).	✓	✓	
C3	TA-ES PQ verifies the correct template version and arithmetic consistency.	✓	✓	
C4	Any deviations are documented and approved by NBTE before use (if applicable).	✓	✓	

D. Institution payment for QA visit and Vendor acknowledgement (Step 4)

Item ID	Checklist item	Available	Non-Available	Remarks
D1	The Institution pays the QA visit cost as communicated by the Vendor.	✓	✓	
D2	Institution notifies Vendor by letter and attaches payment receipt.	✓	✓	
D3	Vendor acknowledges receipt of payment (date, amount, programmes covered).	✓	✓	
D4	TA-ES PQ records Vendor payment acknowledgement in the case file/Register.	✓	✓	

E. Scheduling, mobilisation, and independence controls (Step 5)

Item ID	Checklist item	Available	Non-Available	Remarks
E1	Vendor schedules a QA visit and communicates the schedule to the Institution and ES NBTE (TA-ES PQ).	✓	✓	
E2	The Vendor provides an assessor list with roles and relevant competence for programmes.	✓	✓	
E3	Conflict of Interest and Confidentiality declarations completed for all assessors.	✓	✓	
E4	NBTE M&E confirms monitoring plan (assigned officers, itinerary, monitoring checklist).	✓	✓	
E5	Institution confirms readiness: access to facilities, key staff availability, and requested records prepared.	✓	✓	
E6	Control: scheduling occurs only after the Vendor confirms receipt of payment.	✓	✓	

F. QA visit execution and monitored reporting (Step 6)

Item ID	Checklist item	Available	Non-Available	Remarks
F1	Opening meeting held; scope, criteria, timetable, and escalation route agreed.	✓	✓	
F2	Assessment evidence collected for facilities, equipment, staffing, delivery, safety, and records (as applicable).	✓	✓	
F3	NBTE M&E monitors QA visit and records observations/nonconformities using the monitoring checklist.	✓	✓	
F4	Closing meeting held; preliminary findings and next steps communicated.	✓	✓	
F5	Vendor submits a comprehensive QA report to ES NBTE (Attention: TA -ES PQ) with annexures.	✓	✓	
F6	Report includes: methodology, evidence summary, findings, recommendations, and compliance status.	✓	✓	

G. NBTE internal review and governance approvals (Steps 7-11)

Item ID	Checklist item	Available	Non-Available	Remarks
G1	TA-ES PQ forwards the Vendor report to the relevant NBTE Programmes Department.	✓	✓	
G2	The Programmes Department Director reviews the report and prepares an evaluation memo with recommendations.	✓	✓	
G3	The Programmes Department submits recommendations to CQAC, along with supporting documentation.	✓	✓	
G4	CQAC reviews and forwards recommendations to EXCO for decision.	✓	✓	
G5	EXCO records approval/decline/defer decision with reasons and scope (programmes/campuses).	✓	✓	
G6	Controlled record set updated (minutes/decision sheet filed in case pack).	✓	✓	

H. System update and external communication (Steps 12-13)

Item ID	Checklist item	Available	Non-Available	Remarks
H1	The ICT Officer updates approved programmes on the NBTE platform after the EXCO decision.	✓	✓	
H2	System update evidence retained (change log/screenshot, date, user account).	✓	✓	
H3	JAMB Desk Officer communicates approved programmes to JAMB and retains evidence.	✓	✓	
H4	Two-person verification completed: ICT update checked by TA-ES PQ (or delegated officer).	✓	✓	

I. Records management and audit readiness (applies to all steps)

Item ID	Checklist item	Available	Non-Available	Remarks
I1	Standard case file naming is applied and stored in the approved repository.	✓	✓	
I2	Communications log maintained (sender, Date, channel, subject, attachment list).	✓	✓	
I3	Version control applied to templates, reports, and memos (version/date/owner).	✓	✓	
I4	Corrective actions tracked for nonconformities (owner, due Date, closure evidence).	✓	✓	
I5	Retention and access controls applied (confidentiality; limited access to authorised officers).	✓	✓	



Section Three: Self-Study Questionnaire (SSQ)



3.1 SSQ Instruments

3.1.1 SSQ Form

FORM NBTE/PRO/8

**NATIONAL BOARD FOR TECHNICAL EDUCATION
Self - Study Questionnaire for Approval To
Mount a New Diploma/Certificate Programme
In Polytechnics and Similar
Post Secondary Technical Institutions**

Completed By

.....

**Name of Institution
In Respect of**

.....

Title of Proposed Programme

The information supplied in this questionnaire or by other means related to its
solely for the Confidential use of national board for technical education and its
authorized agents, and shall Not be disclosed

Date Questionnaire is submitted:

.....



NATIONAL BOARD FOR TECHNICAL EDUCATION NOTES FOR INSTITUTION COMPLETING SELF STUDY QUESTIONNAIRE NBTE/PRO/8

In completing the self-study questionnaire form NBTE/PRO/8, the Institution should be guided by NBTE's Guidelines for establishing New programmes in Polytechnic and similar Post-Secondary Technical Institutions in Nigeria, which is available from the Board's Secretariat on request.

It is expected that at the time of completion of this Questionnaire, all resources (teaching staff, laboratories, workshops, and complements of equipment and books) necessary to sustain an initial intake of thirty students in each of the two years of the proposed programme are available and ready for inspection by the Board.

For the purpose of completing this Questionnaire, the National Diploma (ND) and the Higher National Diploma (HND) programmes in each discipline should be treated as separate and terminal programmes. A separate questionnaire should also be completed with respect to each option at the HND level.

A full accreditation visitation will take place in the second semester of the second year of a diploma programme, and the second year of a one-year certificate programme. All records of tests, examinations, projects, etc., undertaken in the programme by students must be available to team members for inspection on demand during the visit.

Five (5) completed questionnaires accompanied by an equal number of attachments in respect of each programme and options should be forwarded to:

The Executive Secretary,
National Board for Technical Education,
Plot B, Bida Road,
P.M.B 2239,
Kaduna,
NIGERIA.



8.0 Is the Institution established, pursuant to an enabling law, or granted approval by the Federal Ministry of Education? If so, attach a copy of the law or letter of approval.

1. Not yet registered by the Federal Ministry of Education (FMOE), but we are undergoing documentation with NBTE to that effect.

9.0 CURRICULUM:

9.1 Teaching (Department) Curriculum for the Programme (attach copy).

The minimum content expected should not be lower than the NBTE minimum guide curriculum and course specifications for the programme, and it should be drawn in course units and the content spelt out in behavioral objectives and should include:

- i.) Goals and objectives of the programme
- ii.) Entry requirement for the programme
- iii.) A task inventory of what is expected of the diplomats during the supervised students' industrial experience (if any)

Where an NBTE minimum guide curriculum does not exist, the Institution should evolve one using NBTE guidelines for evolving curricula and course specifications for programmes and submit to the Board for a national critique workshop.

10.0 RESOURCE FOR THE PROGRAMME

10.1 Physical Facilities

10.2 Dedicated Classrooms/Lecture Theaters/Halls

Provide the following information on Classrooms and Lecture theaters/halls presently available exclusively for the programme.

	Number	Size (m ²)	Capacity (No. of Students)	Remarks
Classrooms				
Lecture theater/Hall				

10.2 Shared classrooms/Lecture theatre/Halls

Provide the following information on classrooms and lecture theaters/halls to be shared by the new programme and existing programmes. Attach a time schedule indicating how the rooms to be shared will be used.

	Number	Size (m ²)	Capacity (No. of Students)	Remarks
Classrooms				
Lecture theater/Hall				



Provide the following information on laboratories, workshops and studios available exclusively for the new programme.

[illegible]

Provide the following information on laboratories, workshop and studios to be shared by the programme and programmes.

[illegible]

- 10.6** List all tools and equipment contained in each laboratory, workshop or studio described in 10.4 and 10.5. Use separate sheet for each type of laboratory or workshop.

List tools and equipment strictly by the lab/workshop/studio

S/N	Item Description and Model	Quantity	Working condition

- 10.7** List the equipment contained in each of the facilities listed in 10.7

S/N	Item Description and Model	Quantity	Working Condition

10.8 FACILITIES UNDER CONSTRUCTION

List all laboratories, workshop, studio and other facilities still under construction that will be use for the proposed programme.

Provide information on the state of readiness of each facility at the time of completion of this Questionnaire.

S/N	Facilities	State of Readiness

10.10 List all the equipment contained in each of the facilities in 10.13

[illegible]

10.11 Office Accommodation

Provide the following information on offices (including departmental offices) available to the proposed programme.

[illegible]

10.12 LIBRARY

- i. Estimate the size and capacity of the present library
- ii. List all books, journals, periodicals and e-resources available for programme to be mounted.
- iii. Appraise the adequacy of the library resources for the program taking into account the number of students to be served (use additional sheets if necessary).

11.0 STAFFING

11.1 Teaching Staff

List all full-time teaching staff available exclusively for the programme.

S/N	Name of Staff	Qualification with Date and area of Specialization	Current Rank with Date	Teaching/ Industrial Experience	Course to be Taught

11.2 SERVICE STAFF

List service staff not exclusive to the department but whose services will be utilized by the department.

S/N	Name of Staff	Qualification with Date and Area of Specialization	Current Rank	Teaching Industrial Experience	Course to be Taught	Department Teaching Service Course





Name and Designation of the Officer Completing the Questionnaire

Signature:

Date:

Mobile Phone Number:

.....

E-mail:

.....

For Official Use Only

1. When was the Programme Visited?

2. Names of NBTE Staff who visited the programme

3. Recommendation of NBTE Staff: (Please tick)

a) Grant Approval to Mount Programme

☐

b) Deny Approval to Mount Programme

☐

4. P.E.C.C.'s Recommendations

.....

.....

.....

5. NBTE's Decision

.....

.....

.....

Date

6. In case of programmes denied approval, indicate reasons for denying approval

.....

.....

.....

3.1.2 SSQ Checklist



✓ NBTE/PRO/8 PROGRAMME APPROVAL READINESS CHECKLIST



SECTION A: INSTITUTIONAL STATUS

Institutional Legality & Recognition

Item	Yes	No	Remarks
Institution name and address clearly stated	✓	✓	
Date of establishment indicated	✓	✓	
Chief Executive details provided	✓	✓	
Head of Department identified	✓	✓	
Evidence of enabling law attached	✓	✓	
FME approval letter attached (if applicable)	✓	✓	

2. Existing Programmes

Item	Yes	No	Remarks
All existing programmes listed	✓	✓	
Dates of establishment included	✓	✓	
Accreditation status clearly stated	✓	✓	
Student enrolment provided	✓	✓	



SECTION B: PROPOSED PROGRAMME

3 Programme Identity

Item	Yes	No	Remarks
Title of programme clearly stated	✓	✓	
Level specified (ND/HND/Certificate)	✓	✓	
Department identified	✓	✓	
Department establishment date stated	✓	✓	
Organogram attached	✓	✓	

4 Curriculum Compliance

Item	Yes	No	Remarks
Curriculum attached	✓	✓	
Curriculum aligns with NBTE minimum guide	✓	✓	
Course units properly structured	✓	✓	
Behavioural objectives included	✓	✓	
Programme goals clearly stated	✓	✓	
Entry requirements stated	✓	✓	
SIWES task inventory included	✓	✓	
Where no NBTE guide exists, draft submitted for critique	✓	✓	

5 Physical Facilities

A. Dedicated Classrooms

Item	Yes	No	Remarks
Number adequate for 30 students per level	✓	✓	
Sizes (m ²) stated	✓	✓	
Capacity appropriate	✓	✓	
Lecture halls available	✓	✓	

B. Shared Classrooms

Item	Yes	No	Remarks
Timetable attached	✓	✓	
Sharing schedule realistic	✓	✓	

C. Dedicated Laboratories / Workshops / Studios

Item	Yes	No	Remarks
Required labs available	✓	✓	
Minimum space requirement met	✓	✓	
Capacity suitable for 30 students	✓	✓	
Functional water/electricity/ventilation	✓	✓	

D. Equipment & Tools

Item	Yes	No	Remarks
Equipment list attached per lab	✓	✓	
Quantities adequate	✓	✓	
Majority in working condition	✓	✓	
Calibration records available (where applicable)	✓	✓	
Maintenance log available	✓	✓	

E. Facilities Under Construction

Item	Yes	No	Remarks
List provided	✓	✓	
Completion timeline realistic	✓	✓	
Equipment procurement plan in place	✓	✓	

6 OFFICE ACCOMMODATION

Item	Yes	No	Remarks
Departmental office available	✓	✓	
Lecturer offices adequate	✓	✓	
Office sizes appropriate	✓	✓	
Furniture provided	✓	✓	

7 LIBRARY RESOURCES

Item	Yes	No	Remarks
Library size adequate	✓	✓	
Programme-specific textbooks available	✓	✓	
Current journals available	✓	✓	
E-resources available	✓	✓	
Student seating capacity adequate	✓	✓	
Book-student ratio adequate	✓	✓	

8 STAFFING

A. Teaching Staff

Item	Yes	No	Remarks
Minimum number of lecturers available	✓	✓	
Qualifications meet NBTE requirement	✓	✓	
Relevant specialization	✓	✓	
Adequate teaching experience	✓	✓	
Staff mix (Senior/Junior) balanced	✓	✓	

B. Service Staff

Item	Yes	No	Remarks
General studies lecturers available	✓	✓	
Support departments identified	✓	✓	

C. Technologists / Technicians

Item	Yes	No	Remarks
Lab technologists available	✓	✓	
Practical instructors available	✓	✓	
Industrial experience relevant	✓	✓	

D. Administrative Staff

Item	Yes	No	Remarks
Secretary available	✓	✓	
Clerical staff available	✓	✓	
Records officer available	✓	✓	

9 STUDENT CAPACITY READINESS

Item	Yes	No	Remarks
Capacity for 30 students per level confirmed	✓	✓	
Admission policy ready	✓	✓	
Student handbook prepared	✓	✓	

10 ACCREDITATION READINESS

Item	Yes	No	Remarks
Five (5) copies prepared	✓	✓	
Attachments complete	✓	✓	
Records filing system established	✓	✓	
Assessment templates ready	✓	✓	
Project supervision structure in place	✓	✓	

FINAL INTERNAL DECISION CHECK

Area	Status
Curriculum	✓ Adequate ✓ Needs Improvement
Staffing	✓ Adequate ✓ Needs Improvement
Facilities	✓ Adequate ✓ Needs Improvement
Equipment	✓ Adequate ✓ Needs Improvement
Library	✓ Adequate ✓ Needs Improvement
Overall Readiness	✓ Ready for Submission ✓ Not Ready

Recommendation Before Submission

Ensure:

At least **70–80% of the equipment are functional**

Core teaching staff are already employed (not just proposed)

Laboratories are physically inspectable

Library resources are physically verifiable

The organogram is attached



Section Four: Resource Inspection



RESOURCES INSPECTION TEMPLATE

FOR

**INSTITUTIONS SEEKING TO MOUNT ND/HND
PROGRAMMES.**

PLOT B, BIDA ROAD, P. M. B. 2239

KADUNA – NIGERIA

DATE:

1.0 ACADEMIC MATTERS

1.1 Goal and Objectives.

The Institution should state the goal and objectives for the proposed programme.
[This is usually stated in the approved curriculum for the programme].

1.2 Curriculum

The Institution should state the curriculum to be used for the programme.
[Institutions are expected to add a course or two to provide & cater for local needs].

1.3 Entry Requirements

The Institution should state the approved entry requirements into the programme.
[This is usually stated in the curriculum for the programme].

1.4 Academic Regulation / Student Handbook

There should be academic regulations that should be published in a regularly updated students' handbook. This should include entry requirements, rules and regulations governing the conduct of sessional and final examinations, the grading system, penalties for examination malpractices, requirements for withdrawal, repeat, probation, graduation, etc.

2.0 PHYSICAL FACILITIES

2.1 Classrooms/Lecture Theatres

The Institution should state the number and capacity of each classroom/Lecture Theatre or auditorium available for the programme.

2.2 Laboratories

The Institution should state the number and capacity of all required laboratories available for the programme.

[List of expected equipment and quantity for each will be provided].

2.3 Field Facilities [Practice Areas].

The Institution should state the number and capacity for each practical facility i.e. demonstration room, clinics, and hospitals available for the programme.
[List of expected equipment and quantity for each will be provided].

2.4 Staff Office Accommodation.

The Institution should state the number and capacity of each staff office available for the programme.
[Inspection team will inspect the HOD's office, other lecturers' offices, and the Secretary's office., Offices should be adequately furnished with Tables, Chairs, filing cabinets, notice boards, etc.]

2.5 Library

All Colleges of Nursing should have well-equipped and furnished libraries with a good number and quantity of relevant and current textbooks/journals for the courses of the programme.

An e-library facility is essential.

3.0 STAFFING

3.1 Teaching Staff

The inspection team will screen all core professional Teaching Staff in the college/school. Their academic qualifications, professional experiences, and licenses are important.

3.2 SERVICE STAFF

The inspection team will screen all core Service Staff in the college/school. Their academic qualifications, professional experiences, and licenses are important.

3.3 Technical Staff

The inspection team will screen all Technical Staff in the college/school. Their academic qualifications, professional experiences, and licenses are important.

3.4 Administrative Support Staff

The inspection team will screen all Administrative Support Staff in the college/school. Their academic qualifications, professional experiences, and licenses are important.

3.5 Administration of the Department.

The inspection team will screen academic qualifications, professional experiences, and licenses of the head of the programme [Nursing, Midwifery or Public Health]. He should not be below the rank of a senior lecturer with a master's degree.

4.0 Entrepreneurship and Skills Development Centre

Institutions are expected to have a functional entrepreneurship centre or have an MoU with an outfit outside the school. Skills development centre for the Mandatory Skills Training (MSQ).

5.0 Summary

Strengths

Weaknesses

Remedial Actions



NBTE RESOURCE INSPECTION READINESS CHECKLIST

For ND / HND Programme Resource Inspection

Institution: _____

Department: _____

Programme: _____

Programme Level: ✓ ND ✓ HND ✓ Other: _____

Date of Internal Review: _____

S/N	Required Item	Available	Not Available	Remarks
1.	Self-Study Questionnaire (SSQ) – 3 Hard Copies + Soft Copy	✓	✓	
2.	Approved Programme Curriculum	✓	✓	
3.	Students' Handbook / Academic Regulations	✓	✓	
4.	Physical Facilities			
5.	Classroom (Minimum of 2)	✓	✓	
6.	Laboratory (As is required in the programme curriculum)	✓	✓	
7.	Studio (As applicable in the programme curriculum)	✓	✓	
8.	Workshop/Field Facility (As is required in the programme curriculum)	✓	✓	
9.	Staff Offices	✓	✓	
10.	Library	✓	✓	
11.	Staffing			
12.	List of Core Teaching Staff (<i>minimum of 4 lecturers</i>)	✓	✓	
13.	List of Service Staff	✓	✓	
14.	List of Technical Staff (<i>at least one Technologist and one Technician for each training facility</i>)	✓	✓	

1.	List of Administrative Staff (<i>a secretary with at least ND Office Technology and Management (OTM)</i>)	✓	✓	
2.	Headship of the Programme (Not below senior lecturer, and registered member of relevant professional body)	✓	✓	
3.	Staff Files (Academic / Technical / Admin)	✓	✓	
4.	Curriculum and manual	✓	✓	
5.	Finished products	✓	✓	
6.	Marketability of products	✓	✓	
7.	Funding	✓	✓	
8.	Capital expenditure	✓	✓	
9.	Recurrent expenditure	✓	✓	



Section Five:

Institutional Administration



**NATIONAL BOARD FOR TECHNICAL EDUCATION
KADUNA**

**APPROVAL / RESOURCE INSPECTION REPORT
OF INSTITUTIONAL ADMINISTRATION**

**FOR
[NAME OF INSTITUTION]**

[LOCATION / STATE]

**DATE OF VISIT:
[Start Date – End Date]**



1.0 INSTITUTIONAL ADMINISTRATION

1.1 Institution Philosophy and Goal

The philosophy and goals of the Institution are contained in the following publications:
[Students' Handbook / Prospectus / Website / Other Documents].

Philosophy Statement:

""

Vision

....."

Mission

""

Motto

""

Assessment:

☒ Adequate

☒ Fairly Adequate

☒ Not Adequate

Observations:

.....

Recommendations (if any):

.....

2.0 INSTITUTION'S ENVIRONMENT

2.1 Permanent Site

Location:

Land Size:

Ownership Status: ☒ Owned ☒ Leased

Description of Physical Environment:

.....

Assessment:

☒ Adequate

☒ Fairly Adequate

☒ Not Adequate

Recommendations:

.....

2.2 Entrance Gate

Description:

.....



Assessment:

✓ Adequate

✓ Fairly Adequate

✓ Not Adequate

Recommendations:

3.0 MUNICIPAL SERVICES

3.1 Power Supply

Source(s):

Backup System:.....

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate

Recommendations:

3.2 Water Supply

Source(s):

Storage Capacity:

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate

Recommendations:.....

3.3 Transportation

Vehicles Available:.....

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate

Recommendations:.....

3.4 Communication

Telephone Line(s):

Email Address(es):

Website:

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate

4.0 ORGANIZATION AND CONTROL

4.1 Organogram

Description:

.....

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate

Recommendations:

.....

4.2 Appointment of Principal Officers

Position	Name	Qualification	Status
Provost			
Registrar			
Bursar			
Librarian			
Others			

Observations: .

.....

Recommendations:

.....

4.3 Governing Council

Composition:

.....

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate

4.4 Academic Board

Composition:

.....

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate

5.0 ACADEMIC REGULATIONS

Availability of Students' Handbook: ✓ Yes ✓ No

Policies on:

Admissions

Graduation

Probation

Expulsion

Grading System

CGPA Computation

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate



Recommendations:

.....

6.0 STAFF WELFARE

6.1 Staff Club/Common Room

Description:

.....

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate

6.2 Conditions of Service

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate

6.3 Scheme of Service

Assessment: ✓ Adopted ✓ Not Adopted

6.4 Pension Scheme

Assessment: ✓ Available ✓ Not Available

6.5 Insurance Scheme

Assessment: ✓ Available ✓ Not Available

6.6 Staff Development

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate

6.7 Staff Accommodation

Assessment: ✓ Available ✓ Not Available

Recommendations (Staff Welfare):

.....

7.0 STUDENTS WELFARE

7.1 Hostel Facilities

Capacity:

.....

Condition:

.....

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate

7.2 Sporting/Recreational Facilities

Facilities Available:

.....

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate



8.0 CLASSROOMS

Number:

.....

Capacity:

.....

Condition:

.....

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate

9.0 OFFICES

Description:

.....

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate

10.0 REGISTRY DEPARTMENT

Structure:

.....

Filing System:

.....

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate

Recommendations:

.....

11.0 HEALTH FACILITIES

Type of Facility:

.....

Staff Strength:

.....

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate

Recommendations:

.....



12.0 LIBRARY

12.1 Seating Capacity:

.....

12.2 Reading Materials:

.....

12.3 Lending Policy:

.....

12.4 Staffing:

.....

12.5 E-Library: ✓ Available ✓ Not Available

12.6 Audio-Visual Centre: ✓ Available ✓ Not Available

Overall Assessment:

✓ Adequate

✓ Fairly Adequate

✓ Not Adequate

Recommendations:

.....

13.0 GENERAL STUDIES

Courses Offered:

.....

Staff Strength:

.....

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate

Recommendations:

.....

14.0 FUNDING

Sources of Funding:

.....

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate

15.0 ENTREPRENEURSHIP DEVELOPMENT CENTRE

Status: ✓ Established ✓ Not Established

Facilities:

.....

Assessment: ✓ Adequate ✓ Fairly Adequate ✓ Not Adequate

16.0 SUMMARY AND CONCLUSION

Strengths

.....
.....

Weaknesses

.....
.....

REMEDIAL ACTIONS REQUIRED

1.
2.

RECOMMENDATION

After careful evaluation of the human and material resources available, the Team recommends that:

- ✓ Approval be Granted
- ✓ Interim Approval be Granted
- ✓ Approval be Deferred
- ✓ Approval be Denied

TEAM MEMBERS

S/N	Name	Designation	Signature	Date
1				
2				
3				
4				



NBTE ACCREDITATION CHECKLIST

INSTITUTIONAL ADMINISTRATION, LIBRARY SERVICES & GENERAL STUDIES

(Form NBTE/PA/3)

SECTION A: INSTITUTIONAL PHILOSOPHY & GOALS

Item	Evidence Available	Yes	No	Remarks
Vision clearly stated	Prospectus/Website	✓	✓	
Mission clearly stated	Prospectus/Handbook	✓	✓	
Motto stated	Publication	✓	✓	
Philosophy aligned with the National Policy on Education	Policy document	✓	✓	
Philosophy reflected in institutional publications.	Prospectus/Website	✓	✓	

SECTION B: INSTITUTIONAL ENVIRONMENT

2.0 Site & Physical Environment (Inspection)

Item	Satisfactory	Unsatisfactory	Remarks
Permanent site available	✓	✓	
Size adequate for expansion	✓	✓	
Accessibility (road network)	✓	✓	
Freedom from noise hazards	✓	✓	
Entrance gates are functional & secured	✓	✓	
Environmental sanitation level	✓	✓	
Fire safety compliance	✓	✓	
Evidence of ownership/long-term lease	✓	✓	

SECTION C: MUNICIPAL SERVICES

Item	Yes	No	Remarks
Reliable power supply	✓	✓	
Backup power (generator/solar)	✓	✓	
Adequate water supply	✓	✓	
Transportation access	✓	✓	
Functional telephone lines	✓	✓	
Official institutional email	✓	✓	

SECTION D: ORGANIZATION & CONTROL

4.1 Organogram

Item	Yes	No	Remarks
Approved organogram available	✓	✓	
Clear reporting lines	✓	✓	
Departments properly structured	✓	✓	

4.2 Appointment of Principal Officers

Position	Appointment Letter Seen	Yes	No	Remarks
Rector/Provost	✓	✓	✓	
Registrar	✓	✓	✓	
Bursar	✓	✓	✓	
Librarian	✓	✓	✓	
Directors/Deans	✓	✓	✓	

4.3 Governing Council

Item	Yes	No	Remarks
Academic Board constituted	✓	✓	
Membership composition appropriate	✓	✓	
Evidence of meetings	✓	✓	
Involvement in admissions/examinations	✓	✓	

SECTION E: ACADEMIC REGULATIONS

Item	Yes	No	Remarks
Admission policy documented	✓	✓	
ND entry requirement (4 credits) adhered to	✓	✓	
HND requirements adhered to	✓	✓	
Graduation requirements documented	✓	✓	
Probation policy documented	✓	✓	
Expulsion policy documented	✓	✓	
Regulations published & accessible	✓	✓	

SECTION F: STAFF WELFARE

6.0 Conditions of Service

Item	Yes	No	Remarks
Staff conditions are comparable to those in the public service	✓	✓	
Scheme of service available	✓	✓	
Pension scheme operational	✓	✓	
Insurance scheme available	✓	✓	
Staff development policy	✓	✓	
Staff accommodation available	✓	✓	
Staff club/common room (Inspection)	✓	✓	

SECTION G: STUDENT WELFARE

Item	Yes	No	Remarks
Hostel available	✓	✓	
Hostel condition satisfactory	✓	✓	
Sporting facilities available	✓	✓	
Recreational facilities	✓	✓	
Medical/Health facility available	✓	✓	
Student feeding arrangement	✓	✓	
Power & water are available in the hostel.	✓	✓	

SECTION H: CLASSROOMS & OFFICES

8.0 Classrooms

Item	Yes	No	Remarks
Adequate number	✓	✓	
Seating capacity adequate	✓	✓	
Ventilation adequate	✓	✓	
Lighting adequate	✓	✓	

9.0 Offices

Office	Yes	No	Remarks
Provost's Office	✓	✓	
Registry	✓	✓	
Bursary	✓	✓	
Departmental Offices	✓	✓	

Registry Department

Item	Yes	No	Remarks
Registry structure clear	✓	✓	
Filing system efficient	✓	✓	
Student records secured	✓	✓	
MIS functional	✓	✓	

SECTION I: LIBRARY SERVICES

13.0 Library

Item	Yes	No	Remarks
Seating capacity adequate	✓	✓	
Size proportional to population	✓	✓	
Up-to-date textbooks available	✓	✓	
Journals & periodicals available	✓	✓	
Adequate staffing	✓	✓	
Lending policy documented	✓	✓	
Resource center available	✓	✓	
Audio-visual center functional	✓	✓	
The E-library/ICT center is functional	✓	✓	
Conducive environment	✓	✓	

◆ SECTION J: GENERAL STUDIES (GNS)

Item	Yes	No	Remarks
GNS courses are offered to all programmes	✓	✓	
10–15% curriculum allocation	✓	✓	
Courses aligned with NBTE objectives	✓	✓	
Titles of courses documented	✓	✓	
Qualified GNS staff available	✓	✓	
Textbooks available	✓	✓	
Examination structure appropriate	✓	✓	
The percentage contribution to the final grade is stated.	✓	✓	

◆ SECTION K: FUNDING & FINANCE

Item	Yes	No	Remarks
Sources of funding identified.	✓	✓	
Budget allocation adequate	✓	✓	
Per capita cost calculated	✓	✓	
Financial sustainability evident	✓	✓	

◆ SECTION L: ENTREPRENEURSHIP DEVELOPMENT CENTER

Item	Yes	No	Remarks
EDC established	✓	✓	
Facilities available	✓	✓	
Courses integrated	✓	✓	
Practical exposure provided	✓	✓	

◆ SECTION M: SUMMARY & CONCLUSION

Strengths Identified:

Weaknesses Identified:

Overall Rating:

- ✓ Full Accreditation Recommended
- ✓ Interim Accreditation Recommended
- ✓ Denied



Section Six: Accreditation



NATIONAL BOARD FOR TECHNICAL EDUCATION

PROGRAMME EVALUATION FORM

FOR

**INSTITUTIONS OFFERING PROGRAMMES FOR WHICH
ACCREDITATION/REACCREDITATION IS SOUGHT**

2013

PLOT B, BIDA ROAD, P. M. B. 2239

KADUNA – NIGERIA

Read general information and guide notes carefully before completing the various sections.



Form NBTE/P/4A
(To Be Completed in Triplicate)

NATIONAL BOARD FOR TECHNICAL EDUCATION

PROGRAMME EVALUATION FORM

(To be completed by Programme Accreditation/Reaccreditation Team)

INSTITUTION OFFERING PROGRAMME FOR WHICH ACCREDITATION/ REACCREDITATION IS SOUGHT:

Title and level of programme:

ND: _____

HND In: _____

HND Option (s): _____

P-HND _____

Dates of Visit: _____

CONFIDENTIALITY OF THE REPORT

Information contained in this report is strictly for the use of the National Board for Technical Education and its authorized agents only

NOTES FOR COMPLETING PROGRAMME EVALUATION FORM NBTE/PA/4A

1.0 GENERAL INFORMATION

- 1.1 This evaluation form NBTE/PA/4A should be completed in triplicate for each programme under assessment. In case of programmes with more than one option, sections of the form dealing with the curriculum, physical facilities, staffing, etc., should be completed for each section.
- 1.2 The two copies should be typed and ready to use at the exit interview. Written comments should be precise and to the point. Additional sheets may be used if the space provided in the form is inadequate.
- 1.3 All team members should sign reports. The pages dealing with the team's recommendations should be handwritten to maintain the confidentiality and originality of the team's recommendations on the status of the programme.
- 1.4 The team chairmen should submit three copies of the completed forms, typed together with the handwritten original to the NBTE co-coordinator before leaving the institution at the end of the visitation.
- 1.5 For initial accreditation, assessment should cover the first set of graduating students, while in the case of reaccreditation, it should cover the last two sets of graduates.

2.1 COMPLETING THE ASSESSMENT FORM

The assessment form is in six main sections:

SECTION I

2.1 Academic matters:

- 3.2 Goal and objectives of the programme or option
- 2.1.2 Curriculum
- 2.1.3 Admissions
- 2.1.4 Academic regulations
- 2.1.5 Evaluation of students' work

SECTION II

2.2 Physical facilities

- 2.2.1 Classrooms and lecture theatres
- 2.2.2 Studio/drawing room
- 2.2.3 Laboratories
- 2.2.4 Workshop/field facilities
- 2.2.5 Office accommodation
- 2.2.6 Library resources

SECTION III

2.3 Staffing

- 2.3.1 Core Lecturers and Instructors
- 2.3.2 Service Lecturers and Instructors

- 2.3.3 Technologists and Technicians
- 2.3.4 Administrative Staff
- 2.3.5 Administration of the Department
- 2.3.6 Staff Development

SECTION IV

2.4 Entrepreneurship Development

- 2.4.1 Entrepreneurship Centre
- 2.4.2 Entrepreneurship Curriculum
- 2.4.3 Entrepreneurship Projects

SECTION V

2.5 Funding of the Programme

- 2.5.1 Recurrent Funding

SECTION VI

2.6 Summary

- 2.6.1 Summary
- 2.6.2 Recommendations

SECTION VII

2.7 Recommendations

- 2.7.1 Recommendations

3.0 Guide for assessment

- 3.1 The various items have been ranked into four:

Very Good
Good
Fair
Poor

The criteria for the various scores have been clearly spelt out in the guide notes of each of the sections.

- 3.2 Numerical scores have been assigned to some items, while others have not. In assigning numerical scores to items, team members should carefully read the guide notes.
- 3.3 For non-numeric score items, assessment should be indicated by ticking in the appropriate column.
- 3.4 Comments should follow both numeric and non-numeric assessments.
- 3.5 Comments should be precise (not vague) and should address specific points. They convincingly justify the scores (numeric and non-numeric)
- 3.6 In case of doubt, the NBTE coordinator should be consulted.

4.0 Recommendations

- 4.1 In making the final recommendations, team members should first make a summary of each of the sections, highlighting the major merits and deficiencies.

4.2 Based on the summary, the team will make a recommendation to the board.

1.0 ACADEMIC MATTERS.

1.1 GOAL AND OBJECTIVES OF THE PROGRAMME

Programme goal and objectives should clearly state the type of manpower the programme is designed to produce and the general directional statements of the knowledge and skill the diplomats of the programme should be able to perform in the various disciplines/fields on graduation.

graduation.		Tick as appropriate		
		ND	HND	PHND
a)	Very Good Clearly defined and meet the NBTE minimum guide for the programme. They also provide for local needs.			
c)	Fair Not well -stated, but the programme generally follows the goal and objectives of a similar programme.			
b)	Good Well stated, and the programme generally follows the goal and objectives of a similar programme.			
d)	Poor Differ significantly from the NBTE stated goal and objectives for the programme.			

Comments

Assess the goal and objectives of the programme as provided by the institution. State any shortcomings. Recommend additional statements or restatements if necessary.

1.2 THE CURRICULUM

The curriculum of a programme is the totality of the experiences that is offered by the institution to achieve the philosophy, goal and objectives of the type and level of education. For each of the ND and HND programmes, the curriculum should give the students total education that enables him to communicate well, understand himself and his environment and equip him with knowledge and professional skills to be able to practice his chosen field at the appropriate level.

The structure of the programme should include: foundation/basic courses (10-15%), professional/core courses (60-70%), general/liberal studies (10-15% of total time), diploma project and supervised industrial work experience of three to four months. Course content which should not be below **NBTE** minimum guide should be drawn up in course units and the contents spelt out in behavioral objectives. Course coding should indicate level of course.

The curriculum should reflect the needs of the industry and the environment.
Visitors should assess whether the curriculum is:

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good Curriculum meets NBTE specification in foundation, core and general studies courses and provide for local interests. Syllabus is in course units and contents spelt out behavioral objectives.			
b)	Good Institution uses NBTE curriculum and syllabus and course specification without modification			
c)	Fair Course content of Institution's syllabus covers NBTE minimum guide but courses are not in course units and behavioral objectives			
d)	Poor Institution's syllabus and course specification is below NBTE's minimum national guide			

Comments

1.3 ADMISSION INTO PROGRAMME

Minimum entry requirements into the programmes leading to National Diploma (ND) award are five credit passes at GCE O/L or its equivalent in subjects relevant to the programme. Equivalent qualifications are the SSCE, NTC/NBC, NVCIII, Teachers Grade II certificate, NECO.

Minimum entry requirements into the Higher National Diploma are at least a lower credit pass in the relevant ND/NID programme and one year post-ND cognate work experience or pass in the ND programme plus 2 years post ND cognate work experience.

Entry Requirements

		Tick as appropriate		
		ND	HND	P-HND
a)	Very Good All students enrolled in the programme to be accredited meet the entry requirements laid down by the NBTE.			
b)	Good 90-99% of candidates meet the entry requirements			
c)	Fair 80-89% of candidates enrolled in the programme meet the entry requirement.			
d)	Poor More than 20% of students enrolled in the programme did not meet the entry requirement.			

Comments

1.4 ACADEMIC REGULATIONS

There should be academic regulations which should be published in a regularly updated students' handbook. This should include entry requirements, rules and regulations governing the conduct of sessional and final examinations, the grading system, penalties for examination malpractices, requirements for withdrawal, repeat, probation, graduation, etc.



Comments

A full semester examination should consist of a minimum of seven questions for a 3-credit unit course, with students required to answer five in three hours, while for a 2-credit unit course, the student should answer four out of six questions in two hours. A well-developed marking scheme should be available for each examination and test and should be well applied. Examination questions should cover all areas of the courses as contained in the syllabus.

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good For the past four semesters, well - developed marking schemes have been available in all courses for every examination. All examinations adequately covered the syllabus and were of good standard and quality. Marking schemes were well applied in grading all examinations			
b)	Good For the past four semesters, well - developed marking schemes were available for all courses. All examinations adequately covered the syllabus and were of good standard and quality. Marking schemes were not satisfactorily applied in all courses.			
c)	Fair For the past four semesters, marking schemes were available for most courses. Examinations fairly covered the syllabus and were of average standard. Marking schemes were not satisfactorily applied in all courses			
d)	Poor Marking schemes do not exist, and the marking of students' work was inconsistent. Examinations are of poor standard			

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good For the past four semesters, well - developed marking schemes have been available in all courses for every examination. All examinations adequately covered the syllabus and were of good standard and quality . Marking schemes were well applied in grading all examinations			
b)	Good For the past four semesters, well - developed marking schemes were available for all courses. All examinations adequately covered the syllabus and were of good standard and quality. Ma rking schemes were not satisfactorily applied in all courses.			
c)	Fair For the past four semesters, marking schemes were available for most courses. Examinations fairly covered the syllabus and were of average standard. Marking schemes were not satisfactorily applied in all courses			
d)	Poor Marking schemes do not exist, and the marking of students' work was inconsistent. Examinations are of poor standard			

Comments

1.6 INTERVIEW WITH STUDENTS

Interview with students will enable the visitors to assess the level of learning outcome, curriculum coverage and students' relationship with institution's environment. Team members should test selected students on practical/skill application in selected courses. They should ask questions on theoretical contents of some courses. They should also determine the students' awareness of academic regulations and general relationship with and opinion on staff

Visitors should assess if:

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good Students demonstrates very good mastery of the practical and theoretical contents of the various courses and are comfortable with staff and fellow students.			
b)	Good Students demonstrate good mastery of the practical and theoretical contents of the courses..			
c)	Fair Students demonstrate a fair understanding of the practical and theoretical contents of the various courses.			
d)	Poor Students demonstrate hazy understanding of the practical and theoretical content of the various courses			

Comments

1.7 SUCCESS/FAILURE RATE

Success/failure rate is an index of programme delivery and learning. Visitors should assess the percentage failure over the past four semesters. High failure rate could be as a result of factors such as poor entry qualification of students, poor staffing and teaching, lack of proper teaching materials, defective examination questions etc.

Visitors should assess the success rate under:

		Tick as appropriate		
		ND	HND	PHND
a)	VeryGood Success rate is very high 90-100%			
b)	Good Success rate is high 80-89%.			
c)	Fair Success rate is average 70-79%			
d)	Poor Success rate is low 70% and below			

Comments

Visitors should determine the factors responsible for high failure rates (where applicable) and make appropriate recommendations.

1.8 PRACTICALS, COVERAGE, AND QUALITY OF REPORTING

Practical topics in the various course specifications are easily identifiable in the curriculum. At the end of every semester, it is expected that all the practical contents in each course, workshops, laboratories, studios, and field/farm practicals should have been covered and appropriately recorded in the standard note/log book. Practical manuals should be available for each course.

Standard of practical work:

		Tick as appropriate		
		ND	HND	PHND
a)	VeryGood 90%-100% of all practical contents of courses, workshops, laboratories, studios, field/farm practicals already done have been satisfactorily covered and reported. The quality of reporting is very good. Grading is consistent.			
b)	Good 80%-89% of the practical content of the course has been satisfactorily covered and reported. The quality of reporting is good.			
c)	Fair 70%-79% of the practical content of the courses has been satisfactorily covered and reported. The quality of reporting is fair.			
d)	Poor Less than 70% of the practical in each course in the past three semesters have been covered.			

Comments

Visitors should assess the number of practical covered in each course and list outstanding number in arrears in each course. They should comment on the general reporting in each course and on available practical manuals.

1.9 PROJECTS.

Students' project should have a clearly defined aim and objectives, should apply acceptable methodology/presentations in their execution, should have practical application/problem solving, and should be relevant to the profession/environment.



Comments

Grading of practical/projects should be carried out during and after practicals/projects by instructors and lecturers and grading of should cover quality, presentation, diagrams, graphs, references, etc. Comments should accompany each grading.

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good 90%-100% practicals/projects were satisfactorily graded over the past four semesters.			
b)	Good 80%-89% practicals/projects were satisfactorily graded over the past four semesters.			
c)	Fair 70%-79% number of practicals/ projects were satisfactorily graded over the past four semesters.			
d)	Poor Less than 70% graded over the past four semesters.			

Comments

1.11 EXTERNAL MODERATION SCHEME

External examiners should possess a minimum of a good honors degree or equivalent and should not be of rank below senior lecturer/manager for ND/NID and principal lecturer/senior manager for HND. There should be a minimum of one external examiner for an ND/NID programme drawn from either academia or industry on alternating basis. For an HND programme there should be a minimum of one each from academia and industry and where there are more than two options an additional examiner should be provided for each option. External examiners should be appointed for not more than three years at one time.

- a) Very Good
External moderation scheme exists, employs Well qualified and experienced assessors drawn from industry and academia. Recommendations are fully implemented.
- b) Good
External moderation scheme exists, employs qualified and experienced assessors from industry or academia. Most recommendations are implemented.
- c) Fair
External moderation scheme exists, and employs qualified and experienced assessors from academia and or industry and asses sment is fair. Some recommendations are implemented.
- d) Poor
External moderation is very poor or non-existent

Tick as appropriate		
ND	HND	PHND

Comments

Visitors should comment on the quality of the external Examiners report vis-à-vis their general impression of standard of work and if the institution accepted the external examiners reports and implement their recommendations.

1.12 EMPLOYERS RATING OF DIPLOMATES

A) INSTITUTIONS THAT HAVE GRADUATED STUDENTS

It is mandatory for institutions to gather information on its past diplomates to enable them determine the quality of students performance on the job vis-à-vis the quality of curriculum used and their learning outcome.

Employer's rating of diplomates' performance on the job is:

- a) Very Good
- b) Good
- c) Fair
- d) Poor

Tick as appropriate		
ND	HND	PHND

B) INSTITUTIONS THAT HAVE NOT GRADUATED STUDENTS

It is also mandatory that SIWES is fully supervised and graded and the SIWES should be used to assess the students learning outcome and performance.

Students' performance during supervised Industrial experience:

Tick as appropriate			
	ND	HND	PHND
a) Very Good			
b) Good			
c) Fair			
d) Poor			

Comments

2.0 PHYSICAL FACILITIES

2.1 CLASSROOMS/LECTURE THEATRE

Classrooms could be assigned to programme classes based on streams or pooled if necessary. In each case, the use factor of 0.8 or 40 hours per week should not be exceeded. Classrooms should have a minimum seating capacity of 30 for Science and Technology and 40 for Business-related courses. Classrooms should be well furnished, ventilated, and provided with ceiling fans, chalkboards, etc. The ceilings, walls, and floors should be well maintained. Lecture theaters/halls should be provided with studio visual aids and public address systems.

Tick as appropriate			
	ND	HND	PHND
a) Very Good Available classrooms and lecture theatres met the above criteria.			
b) Good Institution has enough classrooms and lecture theatres, they are of proper sizes, well furnished, but poorly maintained.			
c) Fair Institution has enough classrooms and lecture theatres, but they are poorly furnished and poorly maintained.			
d) Poor Institution does not have enough classrooms. Available ones are poorly furnished and poorly maintained.			

Comments:

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2.2 STUDIO/DRAWING ROOMS

Studio/drawing rooms should be spacious enough to accommodate at least 30 students. These should be well furnished, ventilated, and lighted. They should be adequately supplied with electricity. The furniture, walls, floors, and ceilings should be clean and well-maintained. They should be fully equipped, and all equipment and instruments should be functional and maintained.

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good Studios/drawing rooms met the above parameters			
b)	Good Studios/drawing rooms are spacious enough, most equipment and instruments are available and functional. They are well maintained, and utility services well provided.			
c)	Fair Studio/drawing rooms are spacious enough, The vital equipment and instruments are provided and functional. They are fairly well maintained. Utility. services are provided.			
d)	Poor Studio/drawing rooms are not spacious enough. The vital equipment/instruments are not available/functional. They are poorly furnished and maintained. Utility services are poor.			

Comments:

State actual number of studios available for teaching the programme. State capacities and use factor of each. List all vital equipment/instruments not available in each Studio/drawing room. Assess furnishing and provision of utility services. Assess general maintenance and upkeep of the studio(s).

2.3 LABORATORIES

All laboratories needed for a programme should be available. Laboratories for basic and applied sciences and technology programmes should be designed to accommodate about 30 students and should not exceed the use factor of 0.6 or 30 hours per week. Laboratories should be properly furnished with workbenches and in-built storage facilities where applicable and stools should be provided at one per student. Provision should also be made

for installation of equipment and instruments such that they do not occupy working spaces. Spacious and adequately furnished instrument rooms/stores and offices for technologists should be provided and directly accessible to each laboratory. Adequate provisions should be made for safety of equipment and users. Laboratories should always be kept clean and tidy and should be well maintained. There should be adequate and regular supply of water, light and electricity and other basic needs to the laboratories. All equipment and instruments should be available and functional. The laboratories should be adequately ventilated.

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good All the requirements for the laboratories have been met. They are all in use.			
b)	Good All required laboratories are available. Each laboratory is properly designed, furnished, and spacious. Most vital equipment/instruments are available, functional, and well -maintained. Utility services are available and functional. Laboratories are well kept, and safety provisions have been made. The facilities available are in use.			
c)	Fair All required laboratories are available. Each laboratory is properly designed, furnished, and spacious. Vital equipment/instruments are available and functional. Utility services are provided. Each laboratory is fairly safe, clean, and maintained. Facilities available are in use.			
d)	Poor Laboratories are available, but the vital equipment/instruments are not available or are non-functional.			

Comments:

Visitors should list all available laboratories and comment on their layout, furnishing and capacities. List major/vital equipment/instruments available and their working conditions. Make recommendations where necessary. Assess upkeep of safety provisions. Comment on utility services, general maintenance of laboratory and equipment/instruments.

Description of Item	Quantity	Working Condition	Remarks

2.4 WORKSHOP/FIELD FACILITIES

All workshops/field facilities required for a programme should be available Workshop/field facilities for programme should be designed to accommodate a maximum of 30 students and should not exceed the use factor of 0.6 or 30 hours a week. Workshop/field facilities should be properly furnished with workbenches provision should also be made for installation of equipment and instruments such that they do not occupy working space in workshops. Specious and adequately furnished stools and instrument room/stores and offices for technologist/instructors should be provided and directly assessable to each workshop. Adequate provisions should be made for safety of equipment and users. Workshops/field facilities should always be kept clean and tidy and should be well maintained. There should be adequate and regular supply of water, light and electricity and other basic needs to the workshops/field where applicable. All equipment and instruments should be available and functional. The workshop should adequately ventilated.

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good All the requirements for workshops/fields facilities are met. All the facilities available are in use.			
b)	Good All required workshops are available. Each workshop/field facility is spacious. Most vital equipment//instruments are available. Utility services are available and functional. Workshops/field facilities are well kept and safety provisions have been made. 80-90% of the facilities available are in use.			
c)	Fair All required workshops are available. Each workshop/field facility is properly designed, furnished, and spacious. Vital equipment/instruments are available and functional. Utility services are provided. Each workshop/field facility is fairly safe, clean and maintained 60 -70% of the facilities available are in use.			
d)	Poor Vital equipment/instrument are not available and or non functional. They are poorly maintained and utility services are non functional/not properly provided. Facilities available are not in use.			

Comments:

Visitors should list all available workshops/field facilities and comment on their layout, furnishing and capacities. List major/vital equipment/instruments available and their working conditions.

Recommend as required. Assess upkeep and provision of safety. Comment on utility services, general maintenance of workshops/field facilities and equipment/instruments.

Description of Item	Quantity	Working Condition	Other Comments

2.5 STAFF OFFICE ACCOMMODATION

Office accommodation should be spacious, and furnished with chairs and table(s), visitors chairs, filing cabinets, bookshelf for each staff. The office should be well ventilated and provided with a fan or air-conditioner. The Head of Department's office should be adequately furnished, carpeted and air-conditioned. There should be an office for the Secretary and other administrative support staff. Senior lecturers and above should have individual offices while those below could share offices at not more than two to an office.

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good Office accommodation provided met all the above parameters			
b)	Good Offices are adequate in number, spacious and ventilated but not well furnished. Some offices are not provided with fans or air conditioners.			
c)	Fair Offices are spacious and ventilated but inadequate in number and scantily furnished. Most offices are not provided with fans or air conditioners.			
d)	Poor Office accommodation is poor. A good number of the staff share common rooms provided furnishing is poor. No offices are with fans or air conditioners.			

Comments:

2.6 LIBRARY

Printed materials such as textbooks, periodicals/journals, reference materials and non-book materials and e-resources relevant to the programme should be available in good quantity and quality. They should be current and diversified. The acceptable number of library books required should be determined by the number of students enrolled in each stream of the programme (30/40) multiplied by the minimum number of titles required for the programme (at least 3 titles for each of approximately 15 courses equals 45) and further multiplied by the minimum number of volumes required for each title (3).

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good			
	Available library materials met all the above parameters			
b)	Good			
	Printed materials are available in good quantity and quality, diversified and relevant E-resources and non-book items are few in number and types.			
c)	Fair			
	Printed materials are available, are of good quality, diversified and relevant e -resources are not available. Non-book items are insufficient in number and types.			
d)	Poor			
	Printed and non-printed materials and e-resources are not available in good quality, quantity, diversification and relevance.			

Comments:

3.0 STAFFING

3.1 CORE LECTURERS AND INSTRUCTORS

Teaching staff consists of lecturers and instructors. A lecturer should possess a minimum of a good honors degree or equivalent plus adequate number of years of teaching and industrial experience. While an instructor should possess a minimum of a good Higher National Diploma or equivalent and considerable number of years of teaching/industrial experience. At ND level, a programme should have a minimum of 3 core lecturers and an instructor while at HND level, there should be four lecturers and two more lecturers for each additional option. At ND level, lecturers should spread from Assistant lecturer to Senior Lecturer and above while at HND level, it should spread from lecturer I and above. The maximum weekly teaching load for a lecturer is 18 hours. Mix of lecturers should reflect specializations in the programme. In all cases, a staff/students ratio of 1:15 for technology based programmes and 1:20 for business-based programmes must not be exceeded.

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good Adequate number of lecturers and instructors are available. For HND, lecturers consist of Senior Lecturer and above; others are of Senior Lecturers and above and prorated for additional stream. For ND, lecturers consist of Senior Lecturer, others of Assistant Lecturer and above and prorated for additional streams. Mix of lecturers covers the programme.			
b)	Good Adequate number of lecturers and instructors are available. For HND, lecturers spread from Lecturer II to Chief Lecturer. For ND lecturers consist of Assistant Lecturer to Principal Lecturer. Mix of lecturers covers all the specializations of the programme.			
c)	Fair Adequate number of lecturers and instructors are available. For HND, lecturers consist of Lecturer II to Senior Lecturer. For ND, lecturers consist of Assistant Lecturer to Senior Lecturer. Mix of lecturers fairly covers all specialization of the department.			
d)	Poor Available lecturers are inadequate in number. Mix of lecturers is poor. There is no Principal Lecturer to head the HND and no Senior Lecturer to head the ND. Available lecturers are not in the right mix.			

Comments:

Team should list all available core lecturers and instructors as follows:

Head and rank	Qualification and specialization with dates	Experiences	Courses taught	Remarks
e.g. John Thomas (Mr.)	B. Sc Hons. Chemistry 1970 M. Sc Analytical Chemistry 1976		Organic Chemistry ND I, HND I	eg on study leave/leave of absence for 2 years to end June 1998

Comment on staff qualifications, mix and spread.
Recommend additional staff if necessary.

3.2 SERVICE LECTURERS AND INSTRUCTORS

These are lecturers/instructors who are resident in other departments but teach courses in the programme. Such staff should possess minimum of a good relevant honors degree or equivalent and in the case of instructors a good HND or equivalent.

There should be evidence that such staff are not exceeding their weekly teaching load of 18 hours.

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good Service staff are qualified and do not exceed their weekly teaching load. They are of the rank of Lecturer II to Chief Lecturer for HND and Assistant Lecturer to Principal Lecturer for ND.			
b)	Good Service staff are qualified and do not exceed their weekly teaching load. They are of the rank of Lecturer II to Principal Lecturer for HND and Assistant Lecturer to Principal Lecturer for ND.			
c)	Fair Service staff are qualified and do not exceed their weekly teaching load. They are of the rank of Lecturer II to Senior Lecturer for HND and Assistant Lecturer to Senior Lecturer for ND.			
d)	Poor Service staff are not qualified, exceed their weekly teaching load and are of the rank below Lecturer II for HND.			

Comments:

Team should list all service lecturers as follows:

Head and rank	Qualification and specialization with dates	Experiences	Courses taught	Remarks

Comment on the adequacy of available service staff
Recommend solutions in case of short falls.

3.3 TECHNOLOGISTS AND TECHNICIANS

These are technically qualified staff not involved in direct lecturing/instructing, but who provide vital and indispensable services in laboratories, workshops, studios, use of machinery and equipment, farms and other field facilities.

All major laboratories/workshops, etc. should be under the supervision of technologists who should possess an HND or equivalent qualification. Smaller laboratories and facilities, where applicable, should be manned by technicians who should possess an ND or equivalent qualification. They should be under the supervision of a technologist. Assistants/attendants should be attached to each facility to ensure its proper upkeep.

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good			
	<u>All</u> laboratories/workshops/studios, farms, and other field facilities are supervised/manned by well-qualified, experienced technologists/technicians. Assistants/attendants are also available.			
b)	Good			
	<u>Most</u> laboratories/workshops/studios/farms and other field facilities are supervised/manned by well qualified and experienced technologists/technicians. Assistants/attendants are also available.			
c)	Fair			
	<u>Some</u> laboratories/workshops/studios/farms and other field facilities are supervised/manned by qualified technologists/technicians. Others are manned by unqualified/unskilled personnel.			
d)	Poor			
	Most or all laboratories/workshops/studios and field facilities are manned by unqualified personnel.			

Comments:

Team should list all technical staff as follows:

Head and rank	Qualification and specialization with dates	Experiences	Facilities	Remarks

Comment on the adequacy of technical staff. List additional technical staff required where necessary.

3.4 ADMINISTRATIVE STAFF

Administrative staff provides administrative services to the programme. There should be secretary who should possess an ND or HND or equivalent in Office Technology and Management,, and who should be the departmental secretary responsible to the HOD for proper academic and administrative record keeping in the department. The Secretary should be assisted by a clerical officer who should possess a minimum of GCE 'O' level, SSCE or equivalent. A cleaner/messenger should also be available in the departmental office (where applicable).

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good The department has a secretary with an HND or equivalent in Office Technology and Management, a typist/clerical officer.			
b)	Good The department has a secretary with an ND in OTM or its equivalent and a clerical officer.			
c)	Fair Department has a secretarial assistant with ND in OTM or its equivalent at not less than 35 W.P.M., and a clerical officer.			
d)	Poor The department has no appropriate, qualified secretary and or clerical officer.			

Comments:

List and assess the adequacy of available administrative staff.

Recommend additional ones if necessary.

3.5 HEADSHIP OF DEPARTMENT

The head of an academic department should possess a minimum of a good honors degree and higher degree or equivalent in the programme discipline (not allied discipline). He should be registered with the relevant professional bodies. At ND level, such a HOD should be of a rank not lower than Senior Lecturer and with not less than 10 years post-graduation experience.

At HND level, the HOD should be at least a Principal Lecturer with not less than 13 years relevant post-qualification experience. Such a head should be a person of proven academic and administrative competence and should enjoy a cordial relationship with his staff and students.

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good			
	HOD is a Principal/Senior Lecturer or above. Has appropriate teaching/industrial experience. Possesses relevant higher degrees/equivalent and is registered with the professional bodies. Enjoys an excellent relationship with staff and students. Has a very well-organized office/academic/administrative records. Supervises academic work in the department satisfactorily.			
b)	Good			
	HOD is a Principal/Senior Lecturer or above. Has appropriate years of teaching/industrial experience. Possesses relevant higher degrees/equivalent and is registered with relevant professional bodies. Enjoys a good relationship with staff and students. Has well-organized office/academic/administrative Records. Supervises academic work in the department well			
c)	Fair			
	HOD is a Principal/Senior Lecturer or above. Has appropriate years of experience possesses relevant higher degrees/equivalent. He is not registered with professional bodies; keeping of academic/administrative records is fair.			
d)	Poor			
	HOD is qualified academically. He is not a Senior/Principal Lecturer/above as appropriate. organizes office/records very poorly. Poor academic supervision.			

Comments:

The team will comment on the strengths and weaknesses of the incumbent head of department and make recommendations.

3.6 STAFF DEVELOPMENT

Staff development programmes are intended to upgrade and update staff competence and ensure constant availability of good caliber academic and technical staff through attendance at seminars, workshops, industrial placements, long-term degree and higher courses. Teaching staff should attend relevant in service (long or short) courses once every five years. Institution/programme should have a well-executed staff development policy.

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good Staff development policy exists and is well executed. Every teaching staff has benefited in the past five years.			
b)	Good Staff development policy exists and is well executed. More than 75% of teaching staff have benefited in the past five years.			
c)	Fair Staff development policy exists and is well executed. More than 50% of teaching staff have benefited in the past five years.			
d)	Poor Staff development policy does not exist or exists but is very poorly executed.			

Comments:

List all staff who have benefited from the staff development policy in the past five years. Comment on the relevance and adequacy of their training.

Comment on the institution's policy on staff development.
Provide advice where necessary.

4.0 ENTREPRENEURSHIP DEVELOPMENT

4.1 ENTREPRENEURSHIP DEVELOPMENT CENTRE

An Entrepreneurship Development Centre exists and there are adequate facilities for the skills being offered. Each available skill area has facilities to accommodate at least 40 students at a time. The Centre should have the following resources: business centre, show and display rooms, administrative offices. There should be adequate and regular supply of water and electricity. Safety equipment should be available.

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good Entrepreneurship Centre facilities meet all the above parameters. All the facilities for the identified skills and trades are in use.			
b)	Good Most of the vital facilities for the identified skills and trades are available and properly managed.			
c)	Fair Some of the vital facilities for the identified skills and trades are available and fairly managed.			
d)	Poor An Entrepreneurship Centre does not exist.			

Comments:

The team should comment on the equipping and administration of the centre.

4.2 ENTREPRENEURSHIP CURRICULUM

The curriculum is meant to achieve the philosophy, goal and objectives of self-employment/entrepreneurship. The structure of the programme should reflect the theoretical, practical and managerial aspects of the training being offered.

Visitors should confirm whether the curriculum is:

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good The curriculum meets the NBTE specifications in theory and practicals. Local peculiarities are reflected.			
b)	Good The NBTE curriculum has been adopted without local content.			
c)	Fair The curriculum is below the prescribed minimum standard.			
d)	Poor There is no curriculum for the programme.			

Comments:

4.3 ENTREPRENEURSHIP PROJECTS

At the end of every semester, it is expected that all the projects/productions or services undertaken by each student or group of students have been carried out and appropriately recorded in a standard book. Project manuals should be available for each skill area. Appropriate entrepreneurship records should also be available for inspection by team members. Standard of projects is:

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good			
	Projects have been undertaken, marketability has been established and recorded in log books and graded. There are entrepreneurship records.			
b)	Good			
	Projects have been undertaken, marketability has not been adequately established, recorded in log books and graded.			
c)	Fair			
	Projects have been undertaken, marketability has not been established, and records have not been properly kept in logbooks.			
d)	Poor			
	project have not been properly undertaken.			

Comments:

5.0 FUNDING FOR CONSUMABLES AND IMPREST

Recurrent fund to department/programme should be annual and cover such item as staff salaries, minor repairs, and purchase of consumables for practicals, stationery etc. It is estimated that average per capita recurrent funding for training consumables should range from N5000 for business-based programmes to N3500 for technology-based programmes.

		Tick as appropriate		
		ND	HND	PHND
a)	Very Good			
	Funding for consumables and imprest for the programme is N3500 for business-based, and N5000 for technology - based. programmes. Impress and consumables are released as and when due.			
b)	Good			
	Annual funding for consumables and imprest for the programme is N3500 for business -based, and N5000 for technology-based programmes. Impress and consumables are released as and when due.			
c)	Fair			
	Annual funding for consumables and imprest for the programme is less than N3500 for business - based, and N5000 for technology -based programmes. Funding for impress and consumables are not released as and when due.			
d)	Poor			
	Annual funding for consumables and imprest for the programme is grossly inadequate or not provided.			

Comments.

6.0 SUMMARY

The team should summarize the strength and weaknesses of the programme under the various sections. In doing this, they should determine if the resources under the various sections are adequate to meet the stated goal and objectives of the programmes.

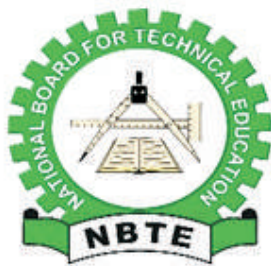
7.0 Recommendations

Based on 6.0 above, the team should recommend to the Board whether or not to accredit/reaccredit the programme.

7.1 GUIDE NOTES FOR ACCREDITATION TEAMS ON ACCREDITATION OBSERVATIONS AND POSSIBLE INFERENCES

SECTION/SUBHEADING	OBSERVATION	POSSIBLE RECOMMENDATION	REMARKS
1.0 ACADEMIC MATTERS Curriculum	Absence of curriculum	Deny Accreditation	Team members should make appropriate recommendation
	Substandard curriculum	Defer Accreditation	
Admission into the programme	More than 10% do not meet entry requirement	Defer Accreditation	
	More than 20% do not meet entry requirement	Deny Accreditation	
Success/failure rate	Success rate below 70%	Defer Accreditation	
Practical coverage	Coverage below 80%	Defer Accreditation	"
	Coverage below 60%	Deny Accreditation	
2.0 PHYSICAL FACILITIES Classrooms	Absence of enough classrooms	Defer Accreditation	"
Studio/Drawing rooms	Most vital equipment/instruments are not available/functional	Defer Accreditation	"
	All or most vital Studio(s)/Drawing room(s) are not available	Deny Accreditation	
Laboratories/workshops	Most vital equipment/instruments are not available/functional	Defer Accreditation	"
	All or most vital Laboratory(ies)/Workshops are not available	Deny Accreditation	
Library holdings	Library holdings inadequate in number and quantity	Defer Accreditation	"

3.0 STAFFING			
Core teaching staff	Available lecturers are unqualified	Defer Accreditation	“
Any one	Available lecturers are inadequate in number and unqualified	Deny Accreditation	
Technical staff	Available technical staff are unqualified	Defer Accreditation	“
	Available technical staff are inadequate in number and unqualified	Deny Accreditation	
Headship of the department	Unqualified/unsuitable head of department	Defer Accreditation	“
4.0 ENTERPRENUERSHIP Establishment of entrepreneurship center	Centre established but not adequately equipped	Defer Accreditation	
	Centre not established	Deny Accreditation	
Entrepreneurship curriculum	Entrepreneurship curriculum available but not to NBTE standard	Defer Accreditation	
	Entrepreneurship curriculum not available at all	Deny Accreditation	
Students' entrepreneurship projects	Non execution of Students' entrepreneurship projects	Defer Accreditation	



NATIONAL BOARD FOR TECHNICAL EDUCATION (NBTE)

Programme Accreditation / Re-accreditation — Programme Evaluation Form Checklist

Form Reference: NBTE/P/4A (To be completed in triplicate) — 2013 Edition

Checklist Title: Evidence & Compliance Checklist for Completing Programme Evaluation Form (NBTE/P/4A)

Checklist ID: NBTE/PA/4A-CL

Version: _____ **Effective Date:** _____ **Review Cycle:** _____

Institution: _____

Programme Title & Level: ND ✓ / HND ✓ / P-HND ✓ **Option(s):** _____

Department/School: _____

Dates of Visit: From _____ To _____

Location (Campus): _____

Team Chair: _____

NBTE Co-coordinator: _____

CHECKLIST USE RULES (CONTROLLED)

Tick **Available** only when evidence is presented, current, and verifiable.

Tick **Non-Available** when missing, outdated, inconsistent, or not presented.

Use **Remarks** for: rating (VG/G/F/P), key findings, gaps, file names, and actions.

Maintain confidentiality: **recommendations pages should be handwritten** in the original copy.

CHECKLIST TABLE 0 — GENERAL ADMINISTRATION (FORM COMPLETION CONTROL)

SN	Checklist Item	Available	Non-Available	Remarks
G0.1	Correct form used: NBTE/P/4A (2013) and programme identifiers completed	✓	✓	
G0.2	Form prepared in triplicate for each programme (and for each option where applicable)	✓	✓	
G0.3	Two copies typewritten and ready for exit interview	✓	✓	
G0.4	Recommendations pages prepared for handwritten original	✓	✓	
G0.5	Comments are precise, evidence-based, and linked to specific findings	✓	✓	
G0.6	All team members sign all required sections/pages	✓	✓	
G0.7	Team Chair submits three copies (typed + handwritten original) to NBTE Co-coordinator before departure	✓	✓	
G0.8	Assessment scope aligns with visit type: initial (first set) / re-accreditation (last two sets)	✓	✓	

SECTION I — ACADEMIC MATTERS

CHECKLIST TABLE 1.1 — GOAL AND OBJECTIVES OF PROGRAMME

SN	Checklist Item	Available	Non-Available	Remarks
A1.1	Programme goal/objectives documented and aligned to NBTE minimum guide	✓	✓	Rating (VG/G/F/P):
A1.2	Objectives define manpower type and graduate competencies (knowledge + skills)	✓	✓	
A1.3	Local/industry needs reflected in objectives	✓	✓	
A1.4	Shortcomings recorded and recommended restatements provided (if any)	✓	✓	

CHECKLIST TABLE 1.2 — CURRICULUM

SN	Checklist Item	Available	Non-Available	Remarks
A2.1	Curriculum and course specifications available for all levels/options assessed	✓	✓	Rating (VG/G/F/P):
A2.2	Structure meets NBTE expectations (foundation/basic, core/professional, GNS/liberal studies, project, SIWES)	✓	✓	
A2.3	Course contents in course units with behavioural objectives	✓	✓	
A2.4	Course coding indicates level and progression	✓	✓	
A2.5	Evidence of industry relevance (advisory minutes, curriculum review records, employer input)	✓	✓	

CHECKLIST TABLE 1.3 — ADMISSIONS

SN	Checklist Item	Available	Non-Available	Remarks
A3.1	Admission policy and entry requirements documented (ND/HND/P-HND as applicable)	✓	✓	Rating (VG/G/F/P):
A3.2	Student admission records sampled and compliance percentage computed	✓	✓	% compliant:
A3.3	Evidence supports claim (O'Level results, ND results, work experience letters for HND)	✓	✓	
A3.4	Non-compliance drivers identified and recorded	✓	✓	

CHECKLIST TABLE 1.4 — ACADEMIC REGULATIONS

SN	Checklist Item	Available	Non-Available	Remarks
A4.1	Current student handbook exists and is updated	✓	✓	Rating (VG/G/F/P):
A4.2	Regulations cover: exams, grading, malpractice penalties, withdrawal/probation/repeat/graduation	✓	✓	
A4.3	Evidence of implementation (committee minutes, exam guidelines, malpractice records)	✓	✓	
A4.4	Evidence of dissemination (orientation records, handbook distribution, online access)	✓	✓	

CHECKLIST TABLE 1.5 — TESTS/EXAMS AND MARKING SCHEMES

SN	Checklist Item	Available	Non-Available	Remarks
A5.1	Past four semesters : exam question papers available for sampled courses	✓	✓	Rating (VG/G/F/P):
A5.2	Marking schemes available for each sampled test/exam	✓	✓	
A5.3	Exam structure matches guidance (question count/time) for sampled courses	✓	✓	
A5.4	Evidence exams cover syllabus (scheme of work vs papers)	✓	✓	
A5.5	Evidence marking scheme application (marked scripts, moderation notes, score sheets)	✓	✓	

CHECKLIST TABLE 1.6 — STUDENT INTERVIEW AND LEARNING OUTCOMES

SN	Checklist Item	Available	Non-Available	Remarks
A6.1	Student interview list, sampling method, and questions documented	✓	✓	Rating (VG/G/F/P):
A6.2	Practical/skills demonstration conducted for selected courses	✓	✓	
A6.3	Evidence students understand academic regulations and learning expectations	✓	✓	
A6.4	Findings recorded with specific examples (strengths + gaps)	✓	✓	

CHECKLIST TABLE 1.7 — SUCCESS/FAILURE RATE

SN	Checklist Item	Available	Non-Available	Remarks
A7.1	Past four semesters results analysed for pass/fail rates	✓	✓	Rating (VG/G/F/P):
A7.2	Computation sheets and source records available (result broadsheets)	✓	✓	
A7.3	Factors driving failure identified (entry quality, staffing, materials, exams)	✓	✓	
A7.4	Recommendations provided where failure is high	✓	✓	

CHECKLIST TABLE 1.8 — PRACTICALS: COVERAGE AND REPORTING

SN	Checklist Item	Available	Non-Available	Remarks
A8.1	Practical components identifiable in curriculum and course specs	✓	✓	Rating (VG/G/F/P):
A8.2	Practical log books/note books available and up to date	✓	✓	
A8.3	Practical manuals available for sampled courses	✓	✓	
A8.4	Coverage percentage estimated and arrears listed (by course)	✓	✓	% coverage:
A8.5	Grading consistency evidenced (rubrics, marked reports)	✓	✓	

CHECKLIST TABLE 1.9 — PROJECTS

SN	Checklist Item	Available	Non-Available	Remarks
A9.1	Student project reports available for sampled cohorts	✓	✓	Rating (VG/G/F/P):
A9.2	Projects show defined aims/objectives and acceptable methodology	✓	✓	
A9.3	Projects demonstrate practical application/problem-solving relevance	✓	✓	
A9.4	Supervision and assessment records available	✓	✓	

CHECKLIST TABLE 1.10 — GRADING OF PRACTICALS/PROJECTS

SN	Checklist Item	Available	Non-Available	Remarks
A10.1	Evidence grading covers quality, presentation, diagrams, references	✓	✓	Rating (VG/G/F/P):
A10.2	Each grading includes assessor comments	✓	✓	
A10.3	Past four semesters: grading coverage percentage evidenced	✓	✓	% graded:
A10.4	Records show consistency across assessors/courses	✓	✓	

CHECKLIST TABLE 1.11 — EXTERNAL MODERATION

SN	Checklist Item	Available	Non-Available	Remarks
A11.1	External examiners appointed per requirements (qualification/rank/tenure)	✓	✓	Rating (VG/G/F/P):
A11.2	Evidence of academia/industry mix (especially for HND options)	✓	✓	
A11.3	Moderation reports available and reviewed	✓	✓	
A11.4	Evidence recommendations were implemented (action logs/minutes)	✓	✓	

CHECKLIST TABLE 1.12 — EMPLOYERS' RATING / SIWES PERFORMANCE

SN	Checklist Item	Available	Non-Available	Remarks
A12.1	For graduated programmes: employer feedback mechanism exists (tracer/employer survey)	✓	✓	Rating (VG/G/F/P):
A12.2	Employer ratings and analysis available and recent	✓	✓	
A12.3	For non-graduated programmes: SIWES supervision and grading records available	✓	✓	
A12.4	Evidence SIWES used to assess learning outcomes	✓	✓	
A12.5	Findings linked to curriculum quality improvement actions	✓	✓	

SECTION II — PHYSICAL FACILITIES

CHECKLIST TABLE 2.1 — CLASSROOMS/LECTURE THEATRES

SN	Checklist Item	Available	Non-Available	Remarks
P2.1	Adequate number and size (30 Sci/Tech; 40 Business) evidenced	✓	✓	Rating (VG/G/F/P):
P2.2		✓	✓	
P2.3	Furniture, ventilation, boards, lighting, PA/AV aids evidenced	✓	✓	
P2.4	Maintenance status recorded (walls/floors/ceilings)	✓	✓	

CHECKLIST TABLE 2.2 — STUDIO/DRAWING ROOMS (WHERE APPLICABLE)

SN	Checklist Item	Available	Non-Available	Remarks
P2.5	Capacity and space adequate (≥ 30 students)	✓	✓	Rating (VG/G/F/P):
P2.6	Electricity and lighting adequate	✓	✓	
P2.7	Vital equipment/instruments list verified; functionality confirmed	✓	✓	
P2.8	Furnishing, cleanliness, and maintenance status recorded	✓	✓	
P2.9	Actual number, capacities, and use factors documented	✓	✓	

CHECKLIST TABLE 2.3 — LABORATORIES

SN	Checklist Item	Available	Non-Available	Remarks
P2.10	Required laboratories available for programme	✓	✓	Rating (VG/G/F/P):
P2.11	Capacity/use factor meets guide (≤ 0.6 / ≤ 30 hrs per week)	✓	✓	
P2.12	Workbenches/stools/storage and safe installation layout evidenced	✓	✓	
P2.13	Instrument rooms/stores and technologist offices provided and accessible	✓	✓	
P2.14	Utility services (water/light/electricity) adequate and functional	✓	✓	
P2.15	Safety provisions evidenced (PPE, fire protection, signage, SOPs)	✓	✓	
P2.16	Vital equipment/instruments inventory verified (qty + working condition)	✓	✓	

CHECKLIST TABLE 2.4 — WORKSHOPS / FIELD FACILITIES

SN	Checklist Item	Available	Non-Available	Remarks
P2.17	Required workshops/fields available and in use	✓	✓	Rating (VG/G/F/P):
P2.18	Capacity/use factor meets guide (≤ 0.6 / ≤ 30 hrs per week)	✓	✓	
P2.19	Vital equipment/instruments available and functional	✓	✓	
P2.20	Utility services adequate; safety provisions in place	✓	✓	
P2.21	Percentage utilisation recorded (e.g., 80–90%, 60–70%)	✓	✓	% utilisation:

CHECKLIST TABLE 2.5 — STAFF OFFICE ACCOMMODATION

SN	Checklist Item	Available	Non-Available	Remarks
P2.22	Offices adequate in number and space; ventilation/fans/AC evidenced	✓	✓	Rating (VG/G/F/P):
P2.23	Furniture and storage available (tables, chairs, cabinets, shelves)	✓	✓	
P2.24	HoD office meets required standard (furnishing, records, functionality)	✓	✓	
P2.25	Secretary/admin support office available	✓	✓	

CHECKLIST TABLE 2.6 — LIBRARY RESOURCES

SN	Checklist Item	Available	Non-Available	Remarks
P2.26	Current and relevant textbooks/journals/reference materials available	✓	✓	Rating (VG/G/F/P):
P2.27	Holdings computation evidenced (students × titles × volumes)	✓	✓	Computation attached
P2.28	Non-book materials and e-resources availability evidenced	✓	✓	
P2.29	Programme-specific holdings list and currency check documented	✓	✓	

SECTION III — STAFFING

CHECKLIST TABLE 3.1 — CORE LECTURERS AND INSTRUCTORS

SN	Checklist Item	Available	Non-Available	Remarks
S3.1	Core staffing meets minimum numbers (ND/HND and options)	✓	✓	Rating (VG/G/F/P):
S3.2	Qualifications and specialisations verified (certificates/CVs)	✓	✓	
S3.3	Mix/spread by rank meets expectations; leadership ranks present	✓	✓	
S3.4	Workload evidence (≤ 18 hours/week) for sampled staff	✓	✓	
S3.5	Staff–student ratio compliance evidenced (1:15 Tech; 1:20 Business)	✓	✓	Ratio:

CHECKLIST TABLE 3.2 — SERVICE LECTURERS/INSTRUCTORS

SN	Checklist Item	Available	Non-Available	Remarks
S3.6	Service staff list provided (from other departments)	✓	✓	Rating (VG/G/F/P):
S3.7	Qualifications/rank meet requirements	✓	✓	
S3.8	Workload evidence shows ≤ 18 hours/week	✓	✓	
S3.9	Adequacy of service staff to cover service courses confirmed	✓	✓	

CHECKLIST TABLE 3.3 — TECHNOLOGISTS AND TECHNICIANS

SN	Checklist Item	Available	Non-Available	Remarks
S3.10	Technologists (HND) supervise major labs/workshops; technicians (ND) support smaller units	✓	✓	Rating (VG/G/F/P):
S3.11	Assistants/attendants available for facility upkeep	✓	✓	
S3.12	Staff-to-facility allocation documented	✓	✓	
S3.13	Gaps and additional technical staff needs documented	✓	✓	

CHECKLIST TABLE 3.4 — ADMINISTRATIVE STAFF

SN	Checklist Item	Available	Non-Available	Remarks
S3.14	Departmental secretary qualification meets guide (OTM ND/HND or equivalent)	✓	✓	Rating (VG/G/F/P):
S3.15	Clerical officer and messenger/cleaner (where applicable) available	✓	✓	
S3.16	Record-keeping system evidenced (files, minutes, student records)	✓	✓	

CHECKLIST TABLE 3.5 — HEADSHIP OF DEPARTMENT

SN	Checklist Item	Available	Non-Available	Remarks
S3.17	HoD meets rank/experience requirements for ND/HND	✓	✓	Rating (VG/G/F/P):
S3.18	Qualification is in discipline (not allied); higher degree where required	✓	✓	
S3.19	Professional registration evidenced	✓	✓	
S3.20	Office organisation and academic/administrative supervision evidenced	✓	✓	

CHECKLIST TABLE 3.6 — STAFF DEVELOPMENT

SN	Checklist Item	Available	Non-Available	Remarks
S3.21	Staff development policy exists and is implemented	✓	✓	Rating (VG/G/F/P):
S3.22	Evidence of staff development in last five years (seminars, workshops, degrees, placements)	✓	✓	
S3.23	Percentage of teaching staff benefitting computed	✓	✓	% benefitted:
S3.24	Relevance/impact of training documented	✓	✓	

SECTION IV — ENTREPRENEURSHIP DEVELOPMENT

CHECKLIST TABLE 4.1 — ENTREPRENEURSHIP DEVELOPMENT CENTRE

SN	Checklist Item	Available	Non-Available	Remarks
E4.1	Entrepreneurship centre exists	✓	✓	Rating (VG/G/F/P):
E4.2	Facilities adequate for skills offered (≥ 40 learners per skill area)	✓	✓	
E4.3	Business centre, show/display rooms, admin offices evidenced	✓	✓	
E4.4	Utilities and safety equipment available and functional	✓	✓	
E4.5	Facility utilisation confirmed (skills/trades in active use)	✓	✓	

CHECKLIST TABLE 4.2 — ENTREPRENEURSHIP CURRICULUM

SN	Checklist Item	Available	Non-Available	Remarks
E4.6	Entrepreneurship curriculum exists and aligns with NBTE standard	✓	✓	Rating (VG/G/F/P):
E4.7	Curriculum includes theory, practicals, and managerial components	✓	✓	
E4.8	Local peculiarities reflected where required	✓	✓	

CHECKLIST TABLE 4.3 — ENTREPRENEURSHIP PROJECTS/RECORDS

SN	Checklist Item	Available	Non-Available	Remarks
E4.9	Semester projects/production/services recorded in standard log books	✓	✓	Rating (VG/G/F/P):
E4.10	Marketability assessment evidenced and graded	✓	✓	
E4.11	Project manuals available for each skill area	✓	✓	
E4.12	Entrepreneurship records available for inspection (sales, inventory, outputs)	✓	✓	

SECTION V — FUNDING FOR CONSUMABLES AND IMPREST CHECKLIST TABLE 5.0 — RECURRENT FUNDING EVIDENCE

SN	Checklist Item	Available	Non-Available	Remarks
F5.1	Annual allocation to programme/department evidenced (budget + releases)	✓	✓	Rating (VG/G/F/P):
F5.2	Consumables/imprest per capita computed and compared to guide	✓	✓	Amount:
F5.3	Evidence funds released “as and when due” (release schedules, vouchers)	✓	✓	
F5.4	Evidence consumables purchased and used for practicals (store ledger, issue vouchers)	✓	✓	

SECTION VI — SUMMARY AND RECOMMENDATIONS CHECKLIST TABLE 6.0 — SECTION SUMMARIES (MERITS/DEFICIENCIES)

SN	Checklist Item	Available	Non-Available	Remarks
R6.1	Academic Matters summary completed (key merits + deficiencies)	✓	✓	
R6.2	Physical Facilities summary completed	✓	✓	
R6.3	Staffing summary completed	✓	✓	
R6.4	Entrepreneurship summary completed	✓	✓	
R6.5	Funding summary completed	✓	✓	
R6.6	Summaries explicitly link resource adequacy to programme goals/objectives	✓	✓	

CHECKLIST TABLE 7.0 — FINAL RECOMMENDATION CONTROL

SN	Checklist Item	Available	Non-Available	Remarks
R7.1	Recommendation aligns with guide notes (defer/deny triggers recorded where applicable)	✓	✓	
R7.2	Recommendation pages handwritten in original copy	✓	✓	
R7.3	Recommendation supported by evidence references (EV-xx)	✓	✓	
R7.4	Exit interview conducted and institution informed of key findings	✓	✓	
R7.5	Confidentiality maintained; originals secured and submitted to NBTE coordinator	✓	✓	



SIGN-OFF BLOCKS

Accreditation Team Sign-Off

Team Chair (Name): _____ Signature: _____ Date: _____

Member 1 (Name): _____ Signature: _____ Date: _____

Member 2 (Name): _____ Signature: _____ Date: _____

Member 3 (Name): _____ Signature: _____ Date: _____

NBTE Co-coordinator Acknowledgement

Name: _____ Signature: _____ Date: _____

Received Triplicate Copies: ☒ Yes ☒ No Remarks: _____

Institution Acknowledgement (Exit Interview)

Rector/Provost (or Representative): _____ Signature: _____ Date: _____

HoD/Programme Lead: _____ Signature: _____ Date: _____

ONE-PAGE EVIDENCE INDEX (EVIDENCE REGISTER)

Evidence Ref	Evidence Item	Owner	Format	Location / Filename	Date Verified
EV-01	Completed NBTE/P/4A (typed copies)	Team Chair	Paper/PDF		
EV-02	Handwritten recommendation pages (original)	Team Chair	Paper scan		
EV-03	Programme goal/objectives document	HoD	PDF		
EV-04	Curriculum + course specifications (all levels/options)	HoD	PDF		
EV-05	Admissions register + sampled student credentials	Registry	PDF/Hardcopy		
EV-06	Student handbook (academic regulations)	Dept/Registry	PDF		
EV-07	Past 4 semesters exam papers + marking schemes	Exams Officer	PDF/Hardcopy		
EV-08	Marked scripts/sheets + moderation notes	Exams Officer	Sampled pack		
EV-09	Practical manuals + log books (sampled)	Lecturers/Tech staff	Hardcopy/PDF		
EV-10	Project reports + assessment rubrics (sampled cohorts)	HoD	Hardcopy/PDF		
EV-11	External examiner appointment letters + reports	HoD	PDF		
EV-12	Employer/tracer study reports (or SIWES supervision + grading)	SIWES Unit	PDF		
EV-13	Classrooms inventory + timetables/use factor evidence	Dept/School	PDF		
EV-14	Studio/lab/workshop inventories (qty + working condition)	Tech staff	PDF		
EV-15	Safety evidence (PPE, extinguishers, SOPs, signage)	HSE/Dept	PDF/Photos		



EV-16	Library holdings list + e-resources evidence + computation	Library	PDF		
EV-17	Staff list: CVs, certs, ranks, workloads, ratios	HR/Dept	PDF		
EV-18	Staff development policy + training records (5 years)	HR	PDF		
EV-19	Entrepreneurship centre evidence + curriculum + project logs	EDC	PDF/Photos		
EV-20	Funding: budgets, releases, imprest/consumables ledgers	Bursary	PDF		



Section Seven: Increase Carrying Capacity



**REPORT ON VERIFICATION OF CARRYING CAPACITY
VISITATION**

AT

**[NAME OF INSTITUTION]
[FULL ADDRESS / LOCATION]**

FOR

**[PROGRAMME TITLE]
[VISITATION DATES]**

1.0 INTRODUCTION

The [Programme Title] programme of [Institution Name] has prior approval for [Approved Streams] stream(s).

The institution applied to the National Board for Technical Education (NBTE) for [increase in carrying capacity/additional streams] from [Existing Streams] to [Requested Streams] streams.

Following this request, the Board scheduled a verification visitation to the institution from [Visitation Dates] to assess the adequacy of available physical facilities, equipment, and human resources to support the proposed increase.

The findings of the verification exercise are presented below:

1.1 CLASSROOM FACILITIES

The department has [Number] dedicated classrooms for the programme.

General observations:

Seating capacity per classroom: [Capacity]

Condition of facilities: [Good / Fair / Poor]

Ventilation/lighting: [Adequate / Inadequate]

Teaching aids available: [Boards / Projectors / PA System etc.]

Classroom Details

S/N	Facility	Capacity	Size	Remarks
1				
2				

Utilization Analysis

Use Factor: [0.8]

Official Working Hours: [8hrs]

Calculations:

Daily Utilization = _____

Weekly Utilization = _____

Semester Utilization = _____

The total contact hours for teaching in the classrooms from the curriculum of the each programme using the classroom in each semester presented as follows;

First Semester **8hrs X 15 weeks = 120hrs**

Second Semester **7hrs X 15 weeks = 105hrs**

Third Semester **17hrs X 15 weeks = 255hrs**

Fourth Semester **12hrs X 15 weeks = 180hrs**

1 st Semester	3 rd Semester	Total	2 nd Semester	4 th Semester	Total
120hrs	255hrs	375hrs	105hrs	180hrs	285hrs

Taking into account the total number of contact hours for classrooms per semester (**480hrs**) and the total number of classrooms available for core courses

480hrs X 8 Classrooms = 3840hrs/semester

Highest Total contact hours for classroom teaching in a concurrent semester

Highest Contact Hours Requirement: _____

Streams Supported by Classrooms: _____

Conclusion:

☒ Adequate

☒ Not Adequate

1.2 PRACTICAL / DEMONSTRATION FACILITIES

Demonstration Room / Studio / Workshop

Number available: _____

Capacity per session: _____

Equipment availability: _____

Functional status: _____

Utilization Analysis

Use Factor: _____

Total Usage Hours Available: _____

Programme Practical Requirement: _____

Additional Streams Supported: _____

Conclusion:

☒ Adequate

☒ Deficient

Demonstration Clinic / Practice Area / Farm / Industry Linkages

Description of facility: _____

Services / Functional Areas: _____

Staff Strength: _____

Staff Category Number

Use Factor: _____

Total Practical Capacity: _____

Programme Requirement: _____

Additional Streams Supported: _____

Conclusion:

☒ Adequate

☒ Deficient

1.3 LABORATORY / WORKSHOP FACILITIES

Provide details for all shared or dedicated laboratories.

Facility	Capacity	Size	Functional Status

Utilization & Capacity Analysis

Use Factor: _____

Semester Hours Available: _____

Concurrent Usage Demand: _____

Additional Streams Supported: _____

Conclusion:

☒ Adequate

☒ Not Adequate

1.4 STAFF OFFICES

Observations:

Offices available: _____

Furnishing status: _____

Adequacy assessment: _____

Conclusion:

☒ Adequate

☒ Improvement Required

Recommendations:

1.5 LIBRARY RESOURCES

Description:

Seating capacity: _____

Relevant titles: _____

Recent editions: _____

E-library access: _____

Conclusion:

☒ Adequate

✓ Needs Improvement

2.0 STAFFING

2.1 Core Teaching Staff

Rank	Number
Senior Lecturers	
Lecturers	
Others	

Workload Analysis:

Total Staff Capacity: _____

Programme Teaching Load: _____

Additional Streams Supported: _____

Conclusion:

✓ Adequate

✓ Not Adequate

2.2 Service Staff

List service courses and lecturers.

Course Lecturers Available Streams Supported

Conclusion:

✓ Adequate

✓ Deficient

2.3 Technical Staff

Observations:

Conclusion:

✓ Adequate

✓ Additional Staff Required

Recommendations:



2.4 Administrative Staff

Observations:

Conclusion:

☒ Adequate

☒ Improvement Required

3.0 OBSERVATIONS

Summarize key findings:

I. _____

II. _____

III. _____

4.0 RECOMMENDATION

Based on the available **physical and human resources**, it is recommended that:

☒ Approval be granted

☒ Approval be deferred

☒ Approval be granted with conditions

Details:

Name of Officer / Team Lead: _____

Designation: _____

Signature: _____

Date: _____



NATIONAL BOARD FOR TECHNICAL EDUCATION (NBTE)

Verification of Carrying Capacity — Visitation Checklist

Checklist Title: Verification of Carrying Capacity Visitation Checklist (Physical + Human Resources)

Checklist ID: NBTE/CCV/CL-01

Template Reference: Verification of Carrying Capacity Visitation Template

Version: _____ **Effective Date:** _____ **Review Cycle:** _____

Institution Name: _____

Full Address / Location: _____

Programme Title: _____

Approved Streams (Current): _____ **Requested Streams:** _____ **Increase Type:** ☒ Increase

CC ☒ Additional Streams

Visitation Dates: From _____ To _____

Department/School: _____

Team Lead: _____

Members: _____

CONTROLLED USE INSTRUCTIONS

Tick **Available** only when the item is present, verifiable, and fit for purpose.

Tick **Non-Available** when missing, not functional, inadequate, or not evidenced.

Use **Remarks** for measurements, utilisation calculations, deficiencies, photos IDs, and corrective actions.

Record **use factor** assumptions and working hours used for calculations (classrooms typically 0.8, 8 hrs/day).

Evidence should be referenced using the Evidence Index (EV-xx) for audit traceability.

CHECKLIST — VISIT ADMINISTRATION AND SCOPE CONTROL

SN	Checklist Item	Available	Non-Available	Remarks
A0.1	Institution request letter received (increase in CC/additional streams)	✓	✓	EV-01
A0.2	Existing approval evidence (current streams and programme status)	✓	✓	EV-02
A0.3	Visitation approval/schedule and team mandate documented	✓	✓	EV-03
A0.4	Programme curriculum/contact hours available for analysis	✓	✓	EV-04
A0.5	Facility tour plan and inspection route agreed with institution	✓	✓	
A0.6	Student enrolment data by level/semester/stream available	✓	✓	EV-05
A0.7	Staff nominal roll by rank and duty assignment available	✓	✓	EV-06
A0.8	Prior deficiencies/actions from last accreditation (if applicable) reviewed	✓	✓	EV-07

1.0 PHYSICAL FACILITIES

CHECKLIST TABLE 1.1 — CLASSROOM FACILITIES (DEDICATED/SHARED)

SN	Checklist Item	Available	Non-Available	Remarks
C1.1	Number of classrooms dedicated/shared for the programme verified	✓	✓	Count: ____; EV-08
C1.2	Seating capacity per classroom verified against stream size	✓	✓	Capacity range: ____
C1.3	Classroom condition assessed (floors/walls/roof/furniture)	✓	✓	Good/Fair/Poor
C1.4	Ventilation and lighting adequate	✓	✓	
C1.5	Teaching aids available (boards/projector/PA) and functional	✓	✓	
C1.6	Timetable evidence confirms availability for programme contact hours	✓	✓	EV-09
C1.7	Safety basics present (exits, signage, fire cover where applicable)	✓	✓	EV-10

Classroom Register (attach if longer)

S/N	Classroom / Facility	Capacity	Size (m ²)	Remarks
1				
2				
3				

Utilisation & Capacity Analysis (record)

Use Factor (default): 0.8 ☒ Confirmed ☒ Adjusted to: _____

Official Working Hours: _____ hrs/day; _____ days/week

Semester Weeks: _____ (default 15)

Metric	Value	Remarks
Total classroom-hours available per classroom per semester		
Total classroom-hours available (all relevant classrooms)		
Highest concurrent classroom contact-hours required		From curriculum EV-04
Streams supported by classrooms		
Conclusion	☒ Adequate ☒ Not Adequate	Basis: _____

CHECKLIST TABLE 1.2 — PRACTICAL / DEMONSTRATION FACILITIES (ROOM/STUDIO/WORKSHOP)

SN	Checklist Item	Available	Non-Available	Remarks
P1.1	Demonstration room/studio/workshop exists and is accessible	☒	☒	EV-11
P1.2	Number of rooms/areas verified	☒	☒	Count: _____
P1.3	Capacity per session supports stream size and groupings	☒	☒	Capacity: _____
P1.4	Required equipment list available for the programme	☒	☒	EV-12
P1.5	Equipment availability verified vs list	☒	☒	Missing: _____
P1.6	Functional status confirmed (test-run/inspection)	☒	☒	% functional: _____
P1.7	Utilities adequate (power/water/air where needed)	☒	☒	
P1.8	Safety controls present (PPE, guards, extinguishers, SOPs)	☒	☒	EV-10
P1.9	Consumables/maintenance plan evidenced	☒	☒	EV-13

Utilisation & Capacity Analysis

Metric	Value	Remarks
Use factor applied		
Total usage hours available per semester		
Programme practical hours required (concurrent)		From curriculum EV-04
Additional streams supported		
Conclusion	☒ Adequate ☒ ☐ Deficient	Basis: ____

CHECKLIST TABLE 1.2B — PRACTICE AREA / CLINIC / FARM / INDUSTRY LINKAGES (WHERE APPLICABLE)

SN	Checklist Item	Available	Non-Available	Remarks
L1.1	Practice area/clinic/farm exists or formal industry linkage evidenced	☒	☒	EV-14
L1.2	Description of facility documented (services/functional areas)	☒	☒	
L1.3	Staff strength available to support practical supervision	☒	☒	EV-06
L1.4	MoUs/placement letters confirm access and student capacity	☒	☒	EV-15
L1.5	Records of utilisation (logbooks/placement records) available	☒	☒	EV-16
L1.6	Safety and supervision arrangements evidenced	☒	☒	

Capacity Summary

Metric	Value	Remarks
Use factor applied		
Total practical capacity per semester		
Programme requirement		
Additional streams supported		
Conclusion	☒ Adequate ☒ Deficient	

CHECKLIST TABLE 1.3 — LABORATORY / WORKSHOP FACILITIES (SHARED OR DEDICATED)

SN	Checklist Item	Available	Non-Available	Remarks
L3.1	All required labs/workshops identified for the programme	✓	✓	EV-11
L3.2	Capacity per lab/workshop verified (benches/workstations)	✓	✓	
L3.3	Size/layout supports safe workflow and supervision	✓	✓	
L3.4	Vital equipment present and functional (by inventory)	✓	✓	EV-12
L3.5	Utility services functional (power, water, ventilation)	✓	✓	
L3.6	Safety provisions adequate and current	✓	✓	EV-10
L3.7	Maintenance and calibration records available (where applicable)	✓	✓	EV-13
L3.8	Evidence facilities are actively used (logbooks, schedules)	✓	✓	EV-16

Facility Register

Facility Capacity Size Functional Status Remarks

Utilisation & Capacity Analysis

Metric	Value	Remarks
Use factor applied		
Semester hours available		
Concurrent usage demand		
Additional streams supported		
Conclusion	✓Adequate ✓Not Adequate	

CHECKLIST TABLE 1.4 — STAFF OFFICES

SN	Checklist Item	Available	Non-Available	Remarks
O4.1	Offices available for core staff (including HoD)	✓	✓	Count: _____; EV-17
O4.2	Furnishing adequate (tables/chairs/storage/filing)	✓	✓	
O4.3	Office space supports confidentiality and record-keeping	✓	✓	
O4.4	Utilities adequate (lighting/ventilation)	✓	✓	
O4.5	Dedicated admin office space available (secretary/records)	✓	✓	
Conclusion	✓Adequate ✓Improvement Required	Recommendations: _____		

CHECKLIST TABLE 1.5 — LIBRARY RESOURCES (PROGRAMME SUPPORT)

SN	Checklist Item	Available	Non-Available	Remarks
B5.1	Seating capacity supports programme student load	✓	✓	Capacity: _____
B5.2	Relevant titles available for programme (current and diversified)	✓	✓	EV-18
B5.3	Recent editions available in key subject areas	✓	✓	
B5.4	Access to e-library/e-resources evidenced	✓	✓	EV-19
B5.5	Library holdings list and currency check documented	✓	✓	
Conclusion	✓Adequate ✓Needs Improvement	Recommendations: _____		

2.0 STAFFING

CHECKLIST TABLE 2.1 — CORE TEACHING STAFF

SN	Checklist Item	Available	Non-Available	Remarks
S2.1	Staff list by rank verified (nominal roll + credentials)	✓	✓	EV-06
S2.2	Minimum required ranks present for leadership and delivery	✓	✓	
S2.3	Qualifications align with programme discipline	✓	✓	
S2.4	Workload analysis done (capacity vs teaching load)	✓	✓	EV-20
S2.5	Staff-student ratio supports requested streams	✓	✓	Ratio: _____
S2.6	Additional streams supported computed and recorded	✓	✓	
Conclusion	✓Adequate ✓Not Adequate	Basis: _____		

Rank Summary (record)

Rank	Number	Remarks
Senior Lecturers		
Lecturers		
Others		

CHECKLIST TABLE 2.2 — SERVICE STAFF (SERVICE COURSES)

SN	Checklist Item	Available	Non-Available	Remarks
SS2.1	Service courses list provided	✓	✓	EV-21
SS2.2	Service lecturers assigned and available	✓	✓	
SS2.3	Service staff workload acceptable (no overload evidence)	✓	✓	
SS2.4	Streams supported by service staff computed	✓	✓	
Conclusion	✓Adequate ✓Deficient	Recommendations: _____		

Service Staff Register

Course Lecturer(s) Available Streams Supported Remarks

CHECKLIST TABLE 2.3 — TECHNICAL STAFF

SN	Checklist Item	Available	Non-Available	Remarks
T2.1	Technologists/technicians available for all key labs/workshops	✓	✓	EV-06
T2.2	Qualification and competence verified	✓	✓	
T2.3	Coverage of shifts/sessions supports requested streams	✓	✓	
T2.4	Additional staff requirement quantified (if gaps exist)	✓	✓	
Conclusion	✓Adequate ✓Additional Staff Required	Recommendations: _____		

CHECKLIST TABLE 2.4 — ADMINISTRATIVE STAFF

SN	Checklist Item	Available	Non-Available	Remarks
A2.1	Departmental secretary/admin support available	✓	✓	EV-06
A2.2	Record-keeping system for programme in place (files, registers)	✓	✓	
A2.3	Adequacy supports requested streams (work volume and turnaround)	✓	✓	
Conclusion	✓Adequate ✓Improvement Required	Recommendations: _____		

3.0 OBSERVATIONS (SUMMARY)

CHECKLIST TABLE 3.0 — KEY FINDINGS LOG

SN	Observation Area	Available	Non-Available	Remarks
O3.1	Classrooms (capacity/utilisation)	✓	✓	Key constraint: ____
O3.2	Practical/Demonstration facilities	✓	✓	Key constraint: ____
O3.3	Laboratories/Workshops	✓	✓	Key constraint: ____
O3.4	Staff offices	✓	✓	Key constraint: ____
O3.5	Library resources	✓	✓	Key constraint: ____
O3.6	Core teaching staff	✓	✓	Key constraint: ____
O3.7	Service staff	✓	✓	Key constraint: ____
O3.8	Technical staff	✓	✓	Key constraint: ____
O3.9	Administrative staff	✓	✓	Key constraint: ____

4.0 RECOMMENDATION CONTROL

CHECKLIST TABLE 4.0 — RECOMMENDATION BASIS

SN	Checklist Item	Available	Non-Available	Remarks
R4.1	Recommendation aligns with evidence and utilisation computations	✓	✓	
R4.2	Clear basis stated for approval/defer/conditions	✓	✓	
R4.3	Conditions (if any) are specific, measurable, and time-bound	✓	✓	
R4.4	Additional streams supported stated per resource category	✓	✓	
Final Recommendation	☒ Approval granted ☒ Approval deferred ☒ Approval with conditions	Details: ____		

SIGN-OFF BLOCKS

Visitation Team Sign-Off

Name of Officer / Team Lead: _____

Designation: _____

Signature: _____ Date: _____

Member 1: _____ Signature: _____ Date: _____

Member 2: _____ Signature: _____ Date: _____

Member 3: _____ Signature: _____ Date: _____

Institution Acknowledgement (Exit Briefing)

Rector/Provost (or Representative): _____

Signature: _____ Date: _____

Head of Department: _____

Signature: _____ Date: _____

ONE-PAGE EVIDENCE INDEX (EVIDENCE REGISTER)

Evidence Ref	Evidence Item	Owner	Format	Location / Filename	Date Verified
EV-01	Institution request for increased carrying capacity/additional streams	Institution	Letter/PDF		
EV-02	Existing NBTE approval letter/status showing approved streams	NBTE/Institution	Letter/PDF		
EV-03	NBTE visitation schedule/mandate and team list	NBTE	Memo/PDF		
EV-04	Programme curriculum and contact hours summary (per semester)	Dept	PDF/Hardcopy		
EV-05	Student enrolment by level/semester/stream	Registry	XLS/PDF		
EV-06	Staff nominal roll (core/service/technical/admin) + qualifications	HR/Dept	PDF		
EV-07	Last accreditation report/action status (if applicable)	Institution	PDF		

EV-08	Classroom inventory (capacity, size, condition) + photos	Dept	PDF/Photos		
EV-09	Timetable/room allocation showing classroom utilisation	Dept	PDF		
EV-10	Safety evidence (fire cover, PPE, signage, SOPs)	HSE/Dept	Photos/PDF		
EV-11	Practical/demo/lab/workshop facility inventory + photos	Dept	PDF/Photos		
EV-12	Vital equipment list + verification sheet (qty, condition, functional tests)	Dept/Tech	XLS/PDF		
EV-13	Maintenance/repair/calibration records and consumables ledger	Dept/Bursary	PDF		
EV-14	Practice area/clinic/farm description + capacity evidence	Dept	PDF/Photos		
EV-15	MoUs/industry linkage letters + placement capacity	SIWES/Dept	PDF		
EV-16	Facility utilisation logs (practical logbooks, booking registers)	Dept	Hardcopy/PDF		
EV-17	Staff office inventory (count, furnishing, adequacy) + photos	Dept	Photos/PDF		
EV-18	Library holdings list for programme + currency check	Library	PDF		
EV-19	E-library access evidence (subscriptions, access logs, screenshots)	Library/ICT	PDF		
EV-20	Workload analysis sheet (staff capacity vs teaching/practical load)	Dept	XLS/PDF		
EV-21	Service course staffing list and allocations	Dept	PDF		



APPENDICES

APPENDIX I A-C:

Templates, Sample Evidence Index, Sample Decision Sheet

The Instrument defines a Back Matter section with **Appendices, Records and Evidence Retention Matrix, Exceptions and Error Handling Guide, and Revision History.**

Appendix IA — Template Pack (Controlled Templates)

A1. Case Cover Sheet (Master Case File Header)

Field	Entry
Case ID / Platform Reference	_____
Institution	_____
Location (State)	_____
Request Type	☒ Accreditation ☒ Re-accreditation ☒ New Programme (Resource Inspection) ☒ Institutional Administration ☒ Carrying Capacity
Programmes / Streams in Scope	_____
QA Cycle / Session	_____
Key Dates (Start –End)	_____
NBTE Lead Unit / Division	_____
Lead Officer(s)	_____
Evidence Index Reference	_____
Decision Sheet Reference	_____
Folder Path (Master Repository)	_____
Confidentiality / Access	☒ Restricted ☒ Internal ☒ Authorised Assessors Only

A2. Communications Log (Required for audit trail)

Ref	Date	Sender	Recipient	Channel	Subject	Attachments	Action / Outcome
COM-01				☒ Email ☒ Letter ☒ WhatsApp ☒ Portal			

This template supports the “communications log maintained” control

A3. Corrective Action Log (Case-level)

CA Ref	Nonconformity / Issue	Root Cause	Corrective Action	Owner	Due Date	Closure Evidence Ref	Closed (Y/N)
CA-01							

This aligns with the requirement to **track corrective actions** and retain closure evidence.

A4. Nonconformance and Escalation Register (NBTE)

Issue Identified Root Cause Corrective Action Responsible Closure Date

This mirrors the nonconformance/escalation table used in the internal operations checklist.

A5. Case Closure Declaration (Final Audit Declaration)

- ☒ All SOP steps complied with
- ☒ Minor deviations corrected
- ☒ Major non-conformance escalated
- ☒ Case fully compliant

Appendix I B:

Sample Evidence Index (Digital QA Case File)

Use one folder per institution and a subfolder per programme, and index all evidence.

Evidence Ref	Evidence Item	Owner	Format/Rule	Location/Filename	Date Verified (Y/N)
EV-01	Signed credential request letter	Rector/Provost	Signed PDF		
EV-02	Proof of dispatch + acknowledged copy	Registry/Admin	PDF/Image		
EV-03	Credential receipt email	ICT/QA Desk	Email PDF		
EV-04	First login password change evidence	ICT/QA Desk	Screenshot/PDF		
EV-05	Institution access register	ICT/QA Desk	Register (PDF/XLS)		
EV-06	Cost generation record	QA Desk	Screenshot/PDF		
EV-07	Clearance submission record (new programme)	QA Desk	Screenshot/PDF		
EV-08	Payment proof uploaded	Bursary	PDF ≤ 5 MB		
EV-09	Payment confirmation status	QA Desk	Screenshot/PDF		
EV-10	Programme ID register	Rector/Provost Office	PDF/XLS		
EV-11	Programme access assignment log	QA Desk	PDF/XLS		
EV-12	Completed SSQ modules (export/snapshots)	HoD/Programme Team	PDF/Screens		
EV-13	Supporting documents pack (per programme)	HoD	PDF ≤ 5 MB each		
EV-14	Geotagged pictorial evidence	HoD/Works	Image/PDF		
EV-15	Programme SSQ submission confirmation	HoD	Screenshot/PDF		
EV-16	Institution-level submission confirmation	Rector/Provost	Screenshot/PDF		



EV-17	Verification visit evidence pack	QA Desk	PDF		
EV-18	Outcome notification from the platform	QA Desk	Screenshot/PDF		
EV-19	Corrective action log (if any)	QA Desk	PDF/XLS		

Appendix I C:

Sample Decision Sheet

Purpose: provide a single, auditable decision record for **Department** → **CQAC** → **EXCO**, and control the “no update/notification before ratification” rule.

A. Case details

Field	Entry
Case ID / Platform Reference	_____
Institution	_____
Request Type	_____
Programmes in scope	_____
Dates (submission / visit / decision)	_____
Evidence Index reference	_____

B. Inputs reviewed (tick + reference)

- ☒ Locked SSQ submission + assessor reports
- ☒ Verification visit report upload
- ☒ Departmental recommendation to CQAC

C. Decision (select one)

- ☒ Approved
- ☒ Approved with conditions (list below)
- ☒ Returned for correction (state required corrections + timeline)
- ☒ Deferred (state reason + next action/date)
- ☒ Not approved (state reason)

D. Conditions / corrective actions (if any)

Ref Condition / Action Owner Due Date Closure Evidence Ref C-01

E. Governance routing and sign-off

Stage	Name / Role	Decision / Remarks	Signature	Date
Departmental Review	Director/Divisional Head			
CQAC	CQAC Chair / Secretary	Forward to EXCO / Return		
EXCO	EXCO Secretary	Approved / Not approved		

F. Implementation controls

Do not update the platform or notify external bodies until EXCO approval/ratification is recorded.

Archive the signed decision sheet in the case file and cross-reference it in the Evidence Index.

Appendix II:

Records and Evidence Retention Matrix

NBTE requires that each QA case has a **complete audit trail**, that a **retention policy is applied**, and that the **case is properly archived**.

The SOP also states NBTE shall maintain an **auditable record set** for each case, while **retention periods are “TO CONFIRM”** to align with NBTE records policy.

2.0 Retention rules (applies to all rows)

Trigger date: “Case closed in the system” date.

Minimum record set: maintain at least the records listed under “Minimum records per case”.

Holds: if a case is under dispute, investigation, or audit, **pause disposal** until released by NBTE management.

2.1 Records and Evidence Retention Matrix

(Recommended defaults — pending NBTE confirmation of official retention periods)

Record set	Minimum contents (what must exist)	Record owner	Storage (master copy)	Recommended minimum retention	Disposal rule
Case registration + system logs	Case ID; status tracking; system logs active/auditable; SOP version referenced in file	ICT Officer / QA Desk	NBTE controlled repository + platform logs	7 years	Secure delete after retention + hold check
Credential/access records	Credential issuance record + access approval evidence	ICT Officer / TA-ES (ICT)	Case folder (EV refs)	7 years	Secure delete
New programme clearance (where applicable)	Clearance decision record (with justification)	Division/Programmes	Case folder	10 years	Secure delete
Payment and finance records	Payment proof + payment confirmation record	Finance/DFA	Finance file + case folder	7 years	Secure delete
SSQ submission and assessments	Locked SSQ + two independent assessment reports	Programme Officer + Resource Person (Academia) / QA Desk	Case folder	10 years	Secure delete

SSQ verification/approval decision	Approval/return decision record and rationale	Director/Divisional Head	Case folder	10 years	Secure delete
Verification visit authorisations	Visit assignment record; cost memo; audit clearance; ES approval of funds	Division/Programmes + Audit + ES Office	Case folder + Finance/Audit files	7 years	Secure delete
Verification outputs	Verification report upload + version log	Visit team / QA Desk	Case folder	10 years	Secure delete
Governance decisions	Departmental reports to CQAC; CQAC outcome record; EXCO ratification reference	CQAC Secretariat / EXCO Secretariat	Governance repository + case folder	Permanent (or ≥ 10 years)	Archive (no routine disposal)
Platform update log	ICT Officer platform update log	ICT Officer	Platform logs + case folder	7 years	Secure delete
External notification evidence	JAMB notification evidence (copy/reference) (JAMB evidence retained)	JAMB Desk Officer	Case folder + JAMB desk file	10 years	Secure delete
Records & retention compliance proof	Evidence that all docs attached; audit trail complete; retention policy applied; archived properly	QA Desk / Custodian	Case folder (closure pack)	7 years	Secure delete

2.2 Mandatory closure pack (one bundle per case)

To satisfy “Records & Retention” controls, every closed case should include a **closure pack** containing:

Evidence Index (final) + Decision Sheet (signed)

“All required documents attached” check completed

“Audit trail complete (no gaps)” check completed

Archive location verified and recorded

Appendix III:

Exceptions and Error Handling Guide

This guide standardises how users handle deviations, system faults, incomplete submissions, and governance constraints, while preserving the audit trail and ensuring decisions remain evidence-based. NBTE requires that system logs remain active and auditable, and that each case retains a complete record set.

3.0 Rules that apply to every exception

1. **Do not bypass hard gates.** If a control point is not met, stop processing.
2. **Keep the audit trail intact.** Log the issue, the decision, and evidence of closure.
3. **Escalate material issues.** Use the nonconformance/escalation approach for major breaches.
4. **Do not update approvals externally before EXCO ratification.** Governance approval is a mandatory control.

3.1 Exception catalogue (what to do, who acts, what to retain)

EX-01 — Login credentials not received / wrong email used

Trigger: Institution reports no credentials or credentials sent to non-official email.

Immediate action: Verify institution's official email on the request letter; re-issue credentials to the official email only.

Owner: NBTE credential issuer / ICT Officer.

Evidence to retain: Request letter + re-issuance email + confirmation of receipt (EV refs).

EX-02 — First login not secured (password not changed / shared credentials)

Trigger: Account accessed by unauthorised users; password unchanged.

Immediate action: Force password reset; restrict access to the authorised office; record a security incident note.

Owner: Institution Admin (Rector/Provost Office) + ICT Officer.

Evidence to retain: Reset record + access restriction memo + incident note.

EX-03 — Payment not confirmed (Finance/DFA pending)

Trigger: Proof uploaded but payment not confirmed by Finance.

Rule: Stop processing until payment is confirmed (hard gate).

Owner: Finance/DFA.

Evidence to retain: Uploaded proof + Finance confirmation + timestamp.

EX-04 — New programme request not cleared before costing

Trigger: Costing initiated before resource inspection clearance.

Immediate action: Cancel/hold costing; route case for clearance first, then regenerate costs.

Owner: Programme Department + QA Desk.

Evidence to retain: Clearance decision + regenerated cost record.

EX-05 — SSQ submission incomplete or inconsistent

Trigger: Missing mandatory fields, missing uploads, inconsistent data.

Immediate action: Return for correction with a specific correction list and deadline; log the return.

Owner: Programme Officer + Resource Person (Academia) (as assessors) + Director/Divisional Head for return decision.

Evidence to retain: Correction request + re-submission evidence + assessor notes.

EX-06 — File upload noncompliance (wrong format / over 5 MB / not geotagged)

Trigger: Upload violates the PDF/size/geotag rules.

Rule: Reject noncompliant files and request compliant replacements.

Owner: Institution (upload) + QA Desk (verification).

Evidence to retain: Noncompliance notice + replacement upload record.

EX-07 — Submission lock violated (attempted alteration after submission)

Trigger: Institution attempts to edit after submission; unauthorised change observed.

Rule: Enforce the lock and record the event; only controlled reopening with approval.

Owner: ICT Officer + QA Desk.

Evidence to retain: System log extract + approval for reopening (if granted) + corrected submission record.

EX-08 — Assessor capacity breach (Programme Officer exceeds max SSQs)

Trigger: More than 3 SSQs assigned to one Programme Officer.

Immediate action: Rebalance assignments; document reassignment.

Owner: Head of Division/Deputy Director (assignment).

Evidence to retain: Assignment register before/after + justification.

EX-09 — Divergent assessor evaluations (material disagreement)

Trigger: Programme Officer and Resource Person (Academia) reach conflicting conclusions.

Immediate action: Director/Divisional Head convenes reconciliation review; document basis and final decision.

Owner: Director/Divisional Head.

Evidence to retain: Both reports + reconciliation note + final approved evaluation.

EX-10 — Verification visit delayed / team no-show / logistics failure

Trigger: Visit cannot proceed as scheduled.

Immediate action: Record incident; reschedule; ensure any cost approvals remain valid; notify stakeholders.

Owner: Director/Divisional Head (assignment) + QA Desk.

Evidence to retain: Rescheduling notice + approvals + updated plan.

EX-11 — System downtime / platform error (cannot upload, cannot assign, cannot lock)

Trigger: Platform fails during critical steps.

Immediate action: Raise an ICT incident ticket; use a controlled offline buffer (staging folder) until restored; upload retrospectively with timestamps once restored.

Owner: ICT Officer.

Evidence to retain: Incident ticket + offline buffer folder listing + post-restoration upload proof.

Control: Keep system logs active and auditable; do not “backdate” decisions without clear evidence.

EX-12 — Governance decision pending (CQAC/EXCO not concluded)

Trigger: Pressure to notify outcomes before EXCO.

Rule: Do **not** notify external bodies or finalise platform updates until EXCO ratifies.

Owner: CQAC/EXCO Secretariat + ICT Officer (implementation).

Evidence to retain: Decision sheet routing + EXCO reference + implementation log.

EX-13 — Suspected fraud / forged letters / impersonation

Trigger: Signature denial, conflicting authorisation, or suspicious documents.

Immediate action: Freeze processing; escalate to NBTE management; require independent verification from the institution's head and official channels.

Owner: TA–ES PQ / Director QA + Audit/DIA.

Evidence to retain: Discrepancy report + verification correspondence + final determination.

3.2 Standard forms to use during exceptions

Communications Log (Appendix A2)

Corrective Action Log (Appendix A3)

Nonconformance/Escalation Register (Appendix A4)

3.3 Closure requirements for exceptions

Every exception must end with:

documented resolution action,

evidence reference (EV-##),

sign-off by the responsible role, and

archived record in the case folder.

Appendix IV:

Revision History

This section records controlled changes to the **NBTE Quality Assurance and Accreditation Toolkit – Quality Assurance Instruments**, supporting traceability and auditability. The toolkit already specifies **Version 2** with an effective and next review date.

4.0 Revision History Table (Controlled)

Version	Date	Change type	Summary of changes	Reason / trigger	Author / owner	Reviewed by	Approved by
1.0	//__	Major	Initial issuance of consolidated QA instruments toolkit.	Toolkit creation/standardisation.	Toolkit Working Group	Director/Divisional Head (QA)	Executive Secretary
1.1	//__	Minor	Clarifications to evidence rules, formatting, and checklist fields.	User feedback / minor nonconformities.	Custodian (TA–ES PQ)	Director/Divisional Head (QA)	Executive Secretary (or delegated)
2.0	10/02/26	Major	Version 2 release; aligns procedures, roles/RACI, evidence controls, and governance routing; sets quarterly review cycle.	SOP and toolkit update baseline; operational improvements.	NBTE / Custodian	Director/Divisional Head (QA)	Executive Secretary

2.1	//__	Minor	Reserved for post-release corrections (typos, field updates, minor controls).	Post-implementation feedback.	Custodian	Director/Divisional Head (QA)	Executive Secretary (or delegated)
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4.1 Change log rules (how to use this table)

Record **every** change, even small edits, before distribution.

For each revision, update: version, date, summary, trigger, and approval path.

Mark superseded versions as **Superseded** and remove from active circulation (retained per retention policy).