



Republic of the Philippines
Department of Education
REGION VII - CENTRAL VISAYAS
DIVISION OF CITY SCHOOLS - TAGBILARAN CITY

**Office of the Schools Division
Superintendent**

DIVISION MEMORANDUM
CID-2024- 212

TO : MR. JENELOU JOHN F. ISRAEL – MANGA NHS
MR. ALBERTO TIBOD JR. – MANSASA NHS
MR. JUSTINO CANDA – COGON NHS
DR. LEGARDO PALACA JR – DR. C PUTONG NHS
MRS. PIA ARCAYENA – SAN ISIDRO NHS

FROM : DR. WILFREDA D. BONGALOS, CESO V
Schools Division Superintendent

For: 
JOHN ARIEL A. LAGURA PhD
OIC, Asst. Schools Division Superintendent

SUBJECT: SUBMISSION OF DOCUMENTARY REQUIREMENTS FOR ASSESSOR ACCREDITATION

DATE : November 5, 2024

1. In line with our commitment to ensuring the highest standards of competency and assessment for our learners the following TVL teachers are instructed to submit in folder the necessary documentary requirements:

NAME OF TEACHER	SCHOOL
1. Alma Piquero	
2. Eva Marie Budiongan	Dr. C Putong NHS
3. Christine Tiara Zamora	Manga NHS
4. Ian-Jhel T. Galan	
5. Roy Miculob	
6. Lord Louil Cabulao	Mansasa NHS
7. Dionesa Catacutan	
8. Mylyn Ayuban	
9. James Otero	
10. Beverly Joy Cuajao	Cogon NHS
11. Pontious Bentulan	

2. Attached are the list of requirements and templates.

3. The deadline of submission of these documents is on November 18, 2024 to this Office thru Mr. Joseph C. Barrete.

4. For your information and strict adherence to this Memorandum is desired.

Competency Assessor's Accreditation List of Requirements and Evaluation

	Requirement	Remarks by Applicant	Remarks by TESDA PO
1	Letter of Intent		
2	Accomplished Application Form with attached picture - passport size, white background, and with handwritten name and signature (TESDA-OP-CO-04-F16)		
3	Picture, one (1) piece, 2" x 2", white background and with handwritten name and signature		
4	Transcript of Records		
5	Certificate of Employment indicating compliance to the required number of years of relevant work/industry experience for the qualification as specified in the promulgated Training Regulations (<i>notarized</i>)		
6	National Certificate Level 2 or higher (<i>verified by PO</i>)		
7	Trainers Methodology Certificate (TMC) Level I or Certificate of Competency on Conduct Competency Assessment (TMI-COC2) (<i>verified by PO</i>)		
8	<p>(<i>for New Applicant Assessor</i>)</p> <p>Certification on Loading (TESDA-OP-CO-04-F24) attested by the AC Manager, Lead Assessor, and the TESDA Representative that the applicant has assisted in the assessment to at least ten (10) candidates under the supervision of the Lead Assessor.</p>		
9	For re-accreditation, Results of Performance Evaluation (TESDA-OP-CO-05-F37 or TESDA-OP-CO-04-F29 and TESDA-OPCO-04-F30) and Report on Assessment Proceedings (TESDA-OP-CO-05-F34) in the past twelve months.		
10	National TVET Trainers Certificate (NTTC)		
11	<p>Signed Competency Assessor's Credo</p> <p>TESDA-OP-CO-04-F31 Rev.No.00-05/04/23</p>		
12	<p>Signed Contract of Service. One contract per qualification. (<i>please check your email</i>)</p> <p>TESDA-OP-CO-04-F27 Rev.No.00-05/04/23</p>		
13	<p>Signed Non-Disclosure Agreement (<i>please check your email</i>)</p> <p>TESDA-OP-CO-04-F32 Rev.No.00-05/04/23</p>		
	<p>*Certificate of Accreditation with ID is approved by the Regional Director. Releasing of Approved Certificate of Accreditation and ID Card is upon submission of the notarized CoS, NDA and payment of accreditation fee of 500 pesos per qualification.</p>		
	<p><u>Note: All documents must be in A4 size paper fastened in long white ordinary folder.</u></p>		
14	Certificate of Concurrence		



TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY
Address: B. Inting St., Cogon, Tagbilaran City, Bohol
Tel. No. (038) 501-8761, 411-1379

Picture
(Passport size,
white
background with
handwritten
name and
signature)

APPLICATION FORM
COMPETENCY ASSESSOR'S ACCREDITATION

SECTOR		TITLE OF QUALIFICATION											
Last Name													
First Name													
Complete Address													
Date of Birth(mm/dd/yyyy)		Place of Birth						Email add			MI		
Employer / Company								Height: (m)			Weight: (k)		
Address		Tel. No											
Position/ Designation		No. of years in the position						No. of years in industry					
Sex	Civil Status		Contact Number(s)			Highest Educational Attainment			Employment Status				
<input type="checkbox"/> Male	<input type="checkbox"/> Single	Tel: _____			<input type="checkbox"/> TVET graduate			<input type="checkbox"/> Casual <input type="checkbox"/> Permanent					
<input type="checkbox"/> Female	<input type="checkbox"/> Married	Mobile phone: _____			<input type="checkbox"/> College level			<input type="checkbox"/> Contractual <input type="checkbox"/> Self-employed					
	<input type="checkbox"/> Window/er	e-mail: _____			<input type="checkbox"/> College graduate			<input type="checkbox"/> Others, pls. specify _____					
	<input type="checkbox"/> Separated	Fax: _____			<input type="checkbox"/> Post graduate								
		Others: _____			<input type="checkbox"/> Others. _____								
Work Experience													
Name of Company/Employer				Position				Inclusive Dates				Nature of Job	Length of Service
<small>(For more information, please use separate sheet)</small>													
Education and Training													
Title			Course			Inclusive Dates			Institution				
<small>(For more information, please use separate sheet)</small>													
Certification Record													
Title			Qualification Level			Industry Sector			Certificate Number			Date of Certification	Expiration Date
<small>(For more information, please use separate sheet)</small>													
Endorsed by: (for industry practitioner)		NAME & SIGNATURE / POSITION/ DESIGNATION					Name of Association			Date of endorsement			
Specimen Signatures:												Right Thumb mark	
1. _____						2. _____							

COMPETENCY ASSESSORS' CREDO

I believe in the integrity, credibility and prestige of the Philippine TVET Competency Assessment and Certification System, hence:

- I will administer competency assessments strictly in accordance with the guidelines set forth in the system's competency assessment methodologies.
- I will be professional in all my dealings with the competency assessment candidates, to maintain the objectivity and highest standards of service I render as an assessor.

I believe in every candidate's right to total concentration during the assessment, hence:

- I will never express demeaning words to the candidates and will treat them with utmost respect.
- I will provide and maintain an environment conducive for the candidates to feel relaxed and undistracted during the assessment.

I believe in the sanctity of the competency assessment tools, hence:

- I shall zealously safeguard the competency assessment instruments from any form of leakage or circulation.
- I shall see to it that nobody else has access to instrument materials except members of the TESDA competency-assessment team and accredited/authorized persons.

Last but not the least, I shall not allow the competency assessment to be an instrument for corruption.

So help me, God.

CERTIFICATION OF CONCURRENCE

I, _____ of _____ located at _____ hereby certify that I have fully understood and will abide by the requirements and procedures under the Accreditation of Competency Assessor outlined as follows:

- a. Accreditation Procedures;
- b. Requirements for Accreditation; and
- c. Accreditation Fee.

Done this _____ day of _____ in the year _____.

Signature

Position

Noted by:

CARLITO F. QUINTANO
Provincial Director

Date