



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

**Office of the Schools Division
Superintendent**

October 10, 2025

DIVISION MEMORANDUM

No. 732 s. 2025

**MONITORING OF THE 2025 ACCREDITATION AND EQUIVALENCY (A&E) TEST
REGISTRATION**

To: Assistant Schools Division Superintendent
ALS Focal Person
Education Program Specialist II (ALS)
Division Testing Coordinator
All Others Concerned

1. In line with the upcoming 2025 Accreditation and Equivalency (A&E) Test, this office through the School Governance Operations Division (SGOD) hereby announces the conduct of the **Regional Monitoring of the Accreditation and Equivalency (A&E) Test Registration** on October 21, 2025 by the Regional A&E Registration Monitoring Team.
2. Division ALS Focal Person, Education Program Specialist II (ALS), Division Testing Coordinator are directed to closely coordinate with ALS Teachers and designated Testing Centers in the respective area to ensure the smooth and orderly conduct of the registration process and the proper documentation of all related activities and requirements. It is further advised to ensure compliance with the prescribed forms related to the Accreditation and Equivalency (A&E) Test Registration. These forms are as follows:

A & E Form 1 Accreditation and Equivalency Test Registration Form

A & E Form 2 Certification of Additional Intervention

A & E Form 3 List of Registration

A & E Form 4 List of Testing Centers

3. Please see enclosures for further reference.
4. Immediate dissemination of, and compliance with this memorandum are directed.

WILFREDA D. BONGALOS PhD, CESO V
Schools Division Superintendent



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Republic of the Philippines
Department of Education
REGION VII - CENTRAL VISAYAS

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08 OCT 2025

Office of the Regional Director

received SGOD: 
10/2/25 @ 4:20 pm

REGIONAL MEMORANDUM

No: 7026 s. 2025

08 OCT 2025

MONITORING OF THE 2025 ACCREDITATION AND EQUIVALENCY (A&E) TEST REGISTRATION

To: Schools Division Superintendents
Assistant Schools Division Superintendents
All Others Concerned

1. In line with the upcoming 2025 Accreditation and Equivalency (A&E) Test, this Office, through the Curriculum and Learning Management Division (CLMD), shall conduct the **Monitoring of the Accreditation and Equivalency (A&E) Test Registration** from October 9 to November 4, 2025, in all Schools Division Offices.

2. This monitoring aims to:

- a. validate compliance with the prescribed registration guidelines and timelines;
- b. ensure accuracy and completeness of the eligibility documents and requirements of ALS learners; and
- c. provide immediate technical assistance to the field, when necessary to address issues and challenges encountered during the registration process.


3. The Regional A&E Registration Monitoring Team shall be organized to ensure the smooth and efficient implementation of the A&E Test registration. Refer to the attached enclosures for the list of the Regional Monitoring Team and the Timetable of the activity.

4. All Division ALS Focal Persons, Testing Coordinators, and Education Program Specialists II for ALS are directed to closely coordinate with ALS teachers and designated Testing Centers within their respective areas to ensure the smooth and orderly conduct of the registration process, as well as the proper documentation of all related activities and requirements. They are likewise reminded to ensure compliance with the prescribed forms related to the Accreditation and Equivalency (A&E) Test Registration, as follows:

- A&E Form 1: Accreditation and Equivalency Test Registration Form
- A&E Form 2: Certification of Additional Intervention
- A&E Form 3: List of Registrants
- A&E Form 4: List of Testing Centers


5. Travel expenses, including board and lodging, meals, and other incidental expenses incurred by the Regional Monitoring Team and division personnel shall be charged against the ALS Program Support Fund or local funds, subject to the usual accounting and auditing rules and regulations.

6. Immediate dissemination of, and compliance with this Memorandum are directed.



SALUSTIANO T. JIMENEZ JD, EdD, CESO III
Director IV
Regional Director

STJ/FYA/CLMD/EBEJ/ml

10-107



DEPED TAGBILARAN CITY DIVISION
SGS OFFICE
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BY  DATE: 10/5/25

Doña M. Gaisano St., Sudlon, Lahug, Cebu City
Telephone Number: 639773295904 local 700

DepEd Tayo Region VII

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Monitoring of the Accreditation and Equivalency (A&E) Test Registration

Enclosure 1: Regional A&E Registration Monitoring Team

Chairperson : Dr. Emiliano B. Elnar Jr.
Vice Chairperson : Dr. Melona A. Lumantao

Members : Cesar Restauro Jr.
Dr. Quirico Sumampong
Dr. Roland V. Villegas
Dr. Judith D. Abellaneda

Enclosure 2: Timetable of Activities

Date	Activity
September 25-26, 2025	Creation of Regional A & E Registration Monitoring Team
September 29-November 4, 2025	A&E Test Registration Period
Conduct of Monitoring by the Regional A & E Monitoring Team	
October 9, 2025	Cebu City
October 10, 2025	City of Naga and Carcar City
October 14-20, 2025	Cebu Province, Mandaue City, Danao City, Talisay City, and Lapu-Lapu City
October 21, 2025	Bohol and Tagbilaran City
October 27, 2024	Toledo City
October 28, 2025	Bogo City
Submission of Enclosures 3 and 4 by the DTCs and Division ALS Focal Persons to the RTCs and Regional ALS Focal Per	November 10, 2025
Submission of validated and consolidated Enclosure 4 per SDO by the RTCs and Regional ALS Focal Persons to BEA	November 14, 2025

1x1 ID Photo with Name Tag

Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Flr., Bonifacio Bldg., Meralco Ave., Pasig City 1600

Level [] Elementary [] Junior High School

ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form

Directions: Please complete this form in UPPERCASE LETTERS. Indicate your answer by marking (X) on the applicable items.

Registration Date Last Name First Name M.I.

Birthdate Learner Reference Number Civil Status Sex Home Address

Region Division Learning Center

ALS Program Enrolled/ Completed (Pls. Specify) A&E Test Applying for

Last Grade Level Completed Name and Address of Testing Center Contact Number

I certify that I validated the information supplied by the applicant in this form based on the required attachments. Registration Officer's Signature Over Printed Name

I certify that all information in this form are TRUE and CORRECT. Applicant's Signature Over Printed Name

Required Attachments [] Proof of Identity [] Certification of Additional Intervention (if any) [] Proof of Birth (NSO, Passport, Any legal Documents) [] ALS Form (AF) 5 | COR | PPA Result (if any)

1x1 ID Photo with Name Tag

Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Flr., Bonifacio Bldg., Meralco Ave., Pasig City 1600

Level [] Elementary [] Junior High School

ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form

Directions: Please complete this form in UPPERCASE LETTERS. Indicate your answer by marking (X) on the applicable items.

Registration Date Last Name First Name M.I.

Birthdate Learner Reference Number Civil Status Sex Home Address

Region Division Learning Center

ALS Program Enrolled/ Completed (Pls. Specify) A&E Test Applying for

Last Grade Level Completed Name and Address of Testing Center Contact Number

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I certify that all information in this form are TRUE and CORRECT. Applicant's Signature Over Printed Name

Required Attachments [] Proof of Identity [] Certification of Additional Intervention (if any) [] Proof of Birth (NSO, Passport, Any legal Documents) [] ALS Form (AF) 5 | COR | PPA Result (if any)



CERTIFICATION OF ADDITIONAL INTERVENTION

This is to certify that
_____ with LRN
(Given Name, Middle Name, Last Name, Extension Name)
_____ of _____ is a/an
(CLC Name)
_____ ALS PROGRAM COMPLETER in the Learners
(Elementary or Junior High School)
Information System (LIS) of SY _____.

He/She underwent additional intervention in the ALS K to 12 Basic Education Curriculum (BEC).

This certification is issued as part of the registration requirements for the 2025 Accreditation and Equivalency (A&E) Test.

Certified by:

ALS Teacher/Community ALS Implementer/Learning Facilitator
Signature over Printed Name
Date: _____



Republic of the Philippines
Department of Education
 Region _____
 Division of _____



**2025 Accreditation and Equivalency (A&E) Test
 List of Registrants**

Testing Center: _____ Address: _____
 Region: _____ Division: _____ A&E Test Level: _____

Sex	Number of Registrants	Learners with Disabilities (LWDs)
Male		
Female		
Total		

No.	Name (Last Name, First Name, Middle Initial)	Age	Birthdate (MM/DD/YYYY)	Sex (M/F)	Documents Submitted (Check the appropriate Column)			
					Birth Certificate	Proof of Birthdate	Certificate of Additional Intervention	AF5/COR/PPA Result
1								
2								
3								
4								
5								
6								
7								
8								
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Prepared by: _____

Approved by: _____

Signature over Printed Name
 Division ALS Focal Person

Signature over Printed Name
 Division Testing Coordinator (DTC)

Signature over Printed Name
 Schools Division Superintendent (SDS)

