

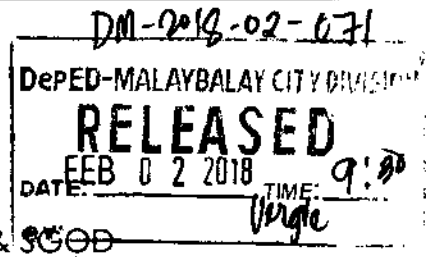


Republic of the Philippines
Department of Education
Region X
DIVISION OF MALAYBALAY CITY
Purok 6, Casisang, Malaybalay City
Telefax #088-314-0094



DIVISION MEMORANDUM

No. 071 s, 2018



TO: Chief Education Supervisors & Staff, CID & SCOD
Public Elementary and Secondary School Heads
This Division

From: *f. Oplenaria*
EDILBERTO L. OPLENARIA, CESO VI
Schools Division Superintendent

Date: February 1, 2018

Subject: **DISSEMINATION OF DEPED MEMORANDUM NO. 06, S. 2018 RE:
2017 ACCREDITATION AND EQUIVALENCY TEST REGISTRATION AND
ADMINISTRATION**

1. This Office hereby disseminates the herein DepEd Memorandum No. 06, S. 2018 re: 2017 Accreditation and Equivalency Test Registration and Administration from January 15 to February 15, 2018 at district offices as registration centers.
2. ALS mobile teachers and ALS coordinators are encouraged to facilitate the registration of the qualified applicants. For inquiry, you may contact Rosie A. Salupado, Division Testing Coordinator or Jasmin J. Adriatico, Division ALS Coordinator.
3. For information and guidance.

Copy furnished:
Records Unit

TO BE POSTED THE WEBSITE



Republic of the Philippines
Department of Education

18 JAN 2018

DepED MEMORANDUM
No. **006**, s. 2018

**2017 ACCREDITATION AND EQUIVALENCY TEST
REGISTRATION AND ADMINISTRATION**

To: Undersecretaries
Assistant Secretaries
Bureau and Service Directors
Regional Directors
Public Elementary and Secondary School Heads
All Others Concerned

1. The Department of Education (DepEd), through the Bureau of Education Assessment (BEA), announces the registration period for and administration of the **2017 Accreditation and Equivalency (A&E) Test**.

2. A&E Test applicants may register from January 15 to February 15, 2018 at the schools division offices (SDOs) or district offices (DOs) identified by the schools division superintendent (SDS) as registration centers. Pursuant to DepEd Order (DO) No. 55, s. 2016 entitled Policy Guidelines on the National Assessment of Student Learning for the K to 12 Basic Education Program, the following may take the A&E Test:

- a. learners in the Alternative Learning System (ALS) and Nonformal Education Programs;
- b. out-of-school children and youth who are prepared for assessment;
and
- c. adults who are seeking Certification of Learning.

3. Applicants shall be at least 12 years old for the A&E Test elementary level and at least 16 years old for the A&E Test Junior High School level.

4. Registration requirements are as follows:

- a. original and photocopy of Certification of ALS Program Completion issued by the Learning Facilitator (for ALS learners only);
- b. original and photocopy of Birth Certificate issued by the Philippine Statistics Authority (PSA) formerly National Statistics Office (NSO);
- c. if copy of Birth Certificate from the PSA/NSO is not available, any of the following documents can be presented:
 - i. Baptismal Certificate;
 - ii. Voter's ID (with picture and signature);
 - iii. Valid Passport;
 - iv. Valid Driver's License; and

- v. Any legal document bearing the applicant's picture, name and signature (e.g. NBI Clearance, Barangay Certificate, (certification issued by the barangay chairperson/chieftain).
- d. Two 1x1 identical ID photo (white background with name tag).

5. The SDSs shall:

- a. designate a registration officer both in the SDOs and DOs;
- b. identify the testing centers both in the SDOs and DOs (refer to DO 55, s. 2016 for the testing center requirements);
- c. assign personnel with experience in the conduct of BEA testing programs and without record of violation of security pertaining to national examinations stipulated in DO 55, s. 2016 (Section 13), as chief examiners, room supervisors, and room examiners per testing center;
- d. monitor the orientation of testing personnel by the Division Testing Coordinators (DTCs) at SDOs; and
- e. lead the investigation on breach of security should irregularities in test administration arise.

6. ALS mobile teachers and ALS coordinators/focal persons in the SDOs and DOs may help in the dissemination of information and distribution of registration forms. They are also requested to facilitate the issuance of Certificate of ALS Program Completion for ALS learners.

7. Regional Testing Coordinators (RTCs) and DTCs shall monitor the registration process in the SDOs and DOs.

8. The DTCs shall use the format provided in Enclosure No. 4 in preparing the list of testing centers and the total of examiners per level. The copy of this report, in MS Excel format, shall be submitted to the BEA through email bea.ead@deped.gov.ph by the DTC on or before **February 16, 2018**.

9. Only the registered applicants shall be allowed to take the A&E Test by cluster on the following dates:

Cluster	Date
Luzon	March 4, 2018
Visayas and Mindanao	March 11, 2018

10. In compliance with DepEd Memorandum No. 121, s. 2017, portfolio assessment will not be required for the 2017 A&E Test and will not be a part of the final rating. Hence, the test is multiple-choice type only. The passing rate is still 75% as provided in DO 55, s. 2016.

11. The DTCs or an authorized designate such as the property custodian shall be responsible in receiving and releasing test materials from BEA's official forwarder.

12. Test results shall be released not more than 3 months after the date of examination. Examinees shall receive their Certificate of Rating (COR) through the SDOs and DOs.

13. SDOs and regional offices are expected to lead the monitoring of the conduct of the test (refer to Section 15 of DO 55, s. 2016 for the composition of the monitoring committee).

14. Only the testing personnel, examinees, and assigned monitors shall be allowed in the testing center premises during the examination day.

15. The following enclosures shall guide and be utilized by the DTCs and Registration Officers:

- a. Enclosure No. 1 - Registration Form (To be accomplished personally by the applicant);
- b. Enclosure No. 2 - Certification of ALS Program Completion (To be issued by the learning facilitator to his/her individual learner);
- c. Enclosure No. 3 - Format for the List of Registrants (To be accomplished by the Registration Committee); and
- d. Enclosure No. 4 - Format for the List of the Testing Centers (To be accomplished by the DTC).

16. For more information, contact the **Bureau of Education Assessment-Education Assessment Division (BEA-EAD)**, 2nd Floor, Bonifacio Building Department of Education (DepEd) Central Office, DepEd Complex, Meralco Avenue, Pasig City at telephone No. (02) 631-2589 or through email address: bea.ead@deped.gov.ph.

17. Immediate dissemination of this Memorandum is desired.


LEONOR MAGTOLIS BRIONES
Secretary

Encls.:

As stated

Reference:

DepEd Order (Nos. 55, s. 2016 and 44, s. 2017)
DepEd Memorandum No. 164, s. 2017

To be indicated in the Perpetual Index
under the following subjects:

ACCREDITATION
ALTERNATIVE LEARNING SYSTEM
EXAMINATIONS
LEARNERS
SCHOOLS
TEST

A&E Form 1		Copy for Registration Officer			
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			
ACCREDITATION AND EQUIVALENCY (A&E) TEST		Registration Form			
Write Legibly. Put X on the applicable items.		Registration Date			
Surname		Given Name	M.I.		
Birthdate		Learner Reference Number	Civil Status		
Month	Day	Year	Single	Married	Separated
Home Address		Gender			
Region		Division	Learning Center		
ALS Program Completed (Pls. Specify)		A&E Test Applying for	Elementary Level	Junior High School	
Proof of Identity		Testing Center			
Contact Number					
I certify that I validated the information supplied by the applicant in this form based on the required attachments.		I certify that all information in this form are TRUE and CORRECT.			
Registration Officer's Signature Over Printed Name		Applicant's Signature Over Printed Name			
Required Attachments		Proof of Identity	Portfolio Rating Certification		
ALS Program Certification (if any)		Proof of Birth (NSO, Passport, Any legal Documents)			
A&E Form 1		Applicant's Copy			
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			
ACCREDITATION AND EQUIVALENCY (A&E) TEST		Registration Form			
Write Legibly. Put X on the applicable items.		Registration Date			
Surname		Given Name	M.I.		
Birthdate		Learner Reference Number	Civil Status		
Month	Day	Year	Single	Married	Separated
Home Address		Gender			
Region		Division	Learning Center		
ALS Program Completed (Pls. Specify)		A&E Test Applying for	Elementary Level	Junior High School	
Proof of Identity		Testing Center			
Contact Number					
I certify that I validated the information supplied by the applicant in this form based on the required attachments.		I certify that all information in this form are TRUE and CORRECT.			
Registration Officer's Signature Over Printed Name		Applicant's Signature Over Printed Name			
Required Attachments		Proof of Identity	Portfolio Rating Certification		
ALS Program Certification (if any)		Proof of Birth (NSO, Passport, Any legal Documents)			

(Enclosure No. 2 to DepEd Memorandum No. 005, s. 2018)



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

CERTIFICATE OF ALS PROGRAM COMPLETION

This is to certify that _____ of _____
(Name) *(Address)*

_____ has satisfactorily completed _____
(Specify ALS Program Level Completed)

at _____ in _____
(Learning Center) *(Address of Learning Center)*

This certification is issued as one of the requirements for Accreditation and Equivalency (A&E) Test application.

Signature over Printed Name
ALS Facilitator/Mobile Teacher

(Enclosure No. 3 to DepEd Memorandum No. 006, s. 2018)



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



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

Testing Center: _____ Address: _____
 Region & Division Code: _____ *A&E Test Level: _____
 Summary of Registrants M _____ Total: _____
 F _____

No.	Name	Age	Birthdate	Sex	Documents Submitted (Check the appropriate Column)			Program ALS/ Non-ALS
					ALS Course Certificate	Proof of Identity	Proof of Birth	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

*A&E Test Level: Elementary/Junior High School Page _____ of _____

 Registration Officer (Signature Over Printed Name)

(Enclosure No. 4 to DepEd Memorandum No. 006, s. 2018)



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



Accreditation and Equivalency (A&E) Test

SDO Complete Address: _____

List of Testing Centers

Testing Center	Complete Address	Total Examinees	
		Elementary Level	Junior High School Level

NOTE: Accomplish this form and submit to BEA thru e-mail bea.ead@deped.gov.ph

Prepared by:

Signature Over Printed Name of DTC