



Republic of the Philippines  
**DEPARTMENT OF EDUCATION**  
 Region VII - Central Visayas  
**SCHOOLS DIVISION OF NEGROS ORIENTAL**  
**Office of the Curriculum and Implementation Division**  
 Capitol Area, Dumaguete City

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**Division Memorandum**

No. SS 2 s. 2817

To : Assistant Schools Division Superintendent  
 Division Education Program Supervisors/ETCs  
 Elementary & Secondary School Heads  
 All Others Concerned

From :   
**SALUSTIANO T. JIMENEZ, EESO VI**  
 OIC-Office of the Asst. Regional Director  
 Concurrent Schools Division Superintendent

Date : October 05, 2017

Subject : **CONDUCT OF 2016 ACCREDITATION AND EQUIVALENCY ( A & E ) TEST REGISTRATION**

The Department of Education ( DepEd ), through the Bureau of Education Assessment ( BEA ) will conduct the 2016 Accreditation and Equivalency ( A & E ) Test Registration in two levels: elementary and junior high school.

To ensure the smooth conduct of the 2016 A&E Test Registration, the DepEd Negros Oriental Division, Capitol Area, Dumaguete City is identified as the **Test Registration Center**. The following consists the Test Registration Committee:

Bonre B. Mira, Ed. D. – Education Program Supervisor-ALS	Test Registration Officer
Dennis Charles F. Andalajao- Senior Education Program Specialist- M & E	Co-registrar
Arlene A. Pepito- Education Program Specialist	Support staff
Joy Emily A. Tanio- Education Program Specialist	Support staff
Francis C. Austero- Education Program Specialist	Support staff

Interested applicants for 2016 A & E Test for elementary and junior high school must register and comply the all requirements at the Test Registration Center from 8:00 am to 5:00 pm on or before October 18, 2017.

For more details, see attached communication. Should there be any query on this matter, please contact Bonre B. Mira at cellphone number 0916 569 4330.

For your information and widest dissemination.


15 OCT 2017



*Undersecretary for Curriculum and Instruction*

**MEMORANDUM**  
**DM-CI-2017-00312**

To: Bureau Directors  
Directors of Services, Centers and Heads of Units  
Regional directors  
Schools Division Superintendents  
All Others Concerned

From:   
**LORNA ONG DINAO, PH.D.**  
Director IV  
Officer-in-Charge, Office of the Undersecretary  
for Curriculum and Instruction

Subject: **Preparation for the Accreditation and Equivalency (A&E) Test Registration**

Date: September 29, 2017

The Department of Education (DepEd), through the Bureau of Educational Assessment (BEA) will conduct the Accreditation and Equivalency (A&E) Test in two levels: elementary and junior high school.

To ensure the smooth conduct of A&E Test registration, please refer to the table below for the procedures:

<b>CONDUCT OF A&amp;E TEST REGISTRATION</b>	
1. When to register?	The registration period for the A&E Test is from <b>October 2 to 25, 2017</b> .
2. Where to register?	Schools Division Offices (SDOs) or District Offices (DOs) identified by the Schools Division Superintendent (SDS) shall serve as Registration Centers.
3. Who are qualified to register?	Applicants for A&E Test Elementary Level should be at least 12 years old and at least 16 years old for the Junior High School.  Pursuant to B.D. 55, s. 2016, the following may register: 1. Learners in the Alternative Learning System; a. 2016 ALS Program Completers b. Non-passers in the previous A&E Tests who completed ALS Program

	<p>c. Those who completed ALS program but did not take the A&amp;E Test in the previous test administration</p> <p>2. Out of School Children and Youth who are prepared for assessment; and</p> <p>3. Adults who are seeking for Certification of Learning</p> <p>For those who wish to take A&amp;E Test- Junior High School level without the elementary certificate, they shall be advised to take certification for elementary level first.</p>
<p>4. What are the documents needed for registration?</p>	<p>Registration requirements are as follows:</p> <ol style="list-style-type: none"> <li>1. Original and Photocopy of Certification of ALS Program Completion issued by the Learning Facilitator* (For ALS Learners only)</li> <li>2. Original and Photocopy of Birth Certificate (NSO/PSA);</li> <li>3. If copy of Birth Certificate from the Philippine Statistics Authority (formerly National Statistics Office) is not available, any of the following documents can be presented:             <ol style="list-style-type: none"> <li>i. Baptisma Certificate;</li> <li>ii. Voter's ID (with picture and signature);</li> <li>iii. Valid Passport;</li> <li>iv. Valid Driver's License; and</li> <li>v. Any legal document bearing the applicant's picture, name and signature (e.g. NBI Clearance, Barangay certificate, certification issued by barangay leaders/chieftain or learning facilitator)</li> </ol> </li> <li>4. Two 1x1 identical 1&amp; Photo (white background with name tag)</li> </ol> <p>*See Enclosure 1</p>
<p>5. How to register?</p>	<p>The test applicant shall:</p> <ol style="list-style-type: none"> <li>1. go to the designated Registration Center and look for the Registration Committee to secure a registration form (Enclosure 2).</li> <li>2. personally accomplish the Registration Form at the Registration Center. Please refer to Enclosure 3 for the detailed procedure in accomplishing the form.</li> <li>3. present the accomplished registration form, together with the complete requirements to the registration Committee for evaluation of documents.</li> <li>4. receive the applicant's copy (lower portion of the registration form) for safekeeping and presentation to the examiner on the testing day.</li> </ol>

in hard to reach/ far-flung areas, learning facilitators may gather applicants in one assembly and assist them in the registration. They shall secure the accomplished forms and the required documents for submission on behalf of the applicants to the Registration Committee in the SDO or DO. After the evaluation of documents, learning facilitators shall ensure safekeeping and distribution of all the applicants' copy to the examinees on or before the testing day.

**NO PAYMENT SHALL BE COLLECTED** by anyone involved in the A&E Test Registration, Administration and issuance of certificate of rating.

6. Who will manage the registration and how?

The Schools Division Superintendent (SDS) shall designate a **Registration Committee**, which consists of a Registration Officer, a co-registrar and a support staff. They should have experience in the conduct of BEA testing program. They will facilitate the registration process by doing the following:

- a. report to the Registration Center from October 2-18, 2017 from 8:00 p.m. to 5:00 p.m., including weekends.
- b. interview the prospective applicants to determine if they are qualified to register
- c. distribute the registration forms to qualified applicants.
- d. explain how the registration form will be accomplished (but will not accomplish it for the applicant).
- e. check if registration forms are duly accomplished by the applicant, making sure that there are no blank spaces and errors in the form.
- f. certify that all information supplied in the registration form are based on the submitted requirements
- g. report to the Division Testing Coordinator (DTC) any applicants with incomplete requirements or questionable documents.
- h. fill out the name of the testing center in the registration form.
- i. detach the lower part of the registration form and returns it to the registrant for use as admission document on the testing day.
- j. prepare the masterlist of registrants for submission to the SDS (See Enclosure 9).
- k. sign and submit the list to the Division Testing Coordinator (DTC).

The DTC shall submit the list to BEA to prepare the national allocation of test materials. The submitted list should be signed by the Registration Officer, DTC and SDS.

	Expenses for the reproduction of registration forms shall be charged in the contingency funds as prepared in the budget estimates during the National Assessment Conference for A&E Test
7. Who else can help the registrants in the registration process and how?	ALS mobile Teachers and District ALS Coordinators/Focal persons in the Schools Division Offices (SDOs)/District Offices (DOs) may help in the dissemination of information and distribution of registration form. They are also requested to facilitate the issuance of Certificate of ALS Program Completion for ALS learners.
8. Who will monitor/supervise the registration?	The Regional Testing Coordinator (RTC) and the Division Testing Coordinator (BTC) will monitor the registration process in the SDOs and DOs.

Please submit the name of the registration center, its address, registration committee and their contact details to [bee.pad@deped.gov.ph](mailto:bee.pad@deped.gov.ph) in this format signed by the BTC and certified true and correct by the SBS on or before October 27, 2017:

Region	Division	Name of Registration Center	Address	Registration Committee						
				Registration Officer		Co-registrar		Support Staff		
				Name	Contact Details	Name	Contact Details	Name	Contact Details	

Also, kindly submit the name of the designated testing center/s, its/their address/es, chief examiner (school head), and his/her contact details in this format signed by the BTC and certified true and correct by the SOS on or before October 27, 2017:

Region	Division	Name of Testing Center (School)	Address	Chief Examiner	Mobile/CP #	E-mail Address

Soft copy of enclosures of this memo will be sent to the OTCs thru e-mail by the Bureau of Education Assessment- Education Assessment Division. Enclosure 2- Registration form is for reproduction ASAP.

This serves as an advance information. A separate memo on test administration procedures shall also be issued.

Immediate dissemination of this memorandum is desired.



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)*

on \_\_\_\_\_  
*(Date of ALS Program Completion)*

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

\_\_\_\_\_  
Signature over Printed Name  
**Learning Facilitator**

A&amp;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. Sanfacile Bldg., Morace 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 Month Day Year			Learner Reference Number		Civil Status Single Married Separated
Home Address			Gender Male Female		
Region	Division	Learning Center			
ALS Program Completed (Pls. Specify)			A&E Test Applying for		Elementary Level Junior High School
Proof of Identity Contact Number			To be accomplished by the Registration Office Name and Address of Testing Center		
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 ALS Program Certification (if any)	Portfolio Rating Certification Proof of Birth (NSO, Passport, Any legal Documents)			

Applicant's Copy

Applicant's Copy

1x1 ID Photo  
with  
Name Tag

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**ACCREDITATION AND EQUIVALENCY (A&E) TEST**

Registration Form

Write Legibly. Put X on the applicable items			Registration Date		
Surname			Given Name		M.I.
Birthdate Month Day Year			Learner Reference Number		Civil Status Single Married Separated
Home Address			Gender Male Female		
Region	Division	Learning Center			
ALS Program Completed (Pls. Specify)			A&E Test Applying for		Elementary Level Junior High School
Proof of Identity Contact Number			To be accomplished by the Registration Office Name and Address of Testing Center		
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 ALS Program Certification (if any)	Portfolio Rating Certification Proof of Birth (NSO, Passport, Any legal Documents)			