



Republic of the Philippines
Department of Education
 REGION VI - WESTERN VISAYAS
 SCHOOLS DIVISION OF SAGAY CITY

OCT 28 2024


DIVISION MEMORANDUM

No. 692, s. 2024

GUIDELINES ON THE 2024 ACCREDITATION AND EQUIVALENCY (A&E) TEST REGISTRATION

To: Assistant Schools Division Superintendent
 Chief Education Supervisors – CID & SGOD
 Public Schools District Supervisors
 Public Elementary and Secondary School Heads
 All Others Concerned

1. Attached is a Regional Memorandum No. 1039, s. 2024 titled Guidelines on the 2024 Accreditation and Equivalency (A&E) Test Registration.
2. Regarding this, all EPSAs and ALS Teachers are enjoined to please follow the aforementioned Regional Memorandum in conducting 2024 A&E Test Registration.
3. It is understood that in the conduct of this activity, there shall be no discrimination in the provision of such partnership on account of age, school, gender, civil status, disability, religion or other similar factors or personal circumstances that run counter to the principles of equal opportunity.
4. Immediate and wide dissemination of this Memorandum is desired.


MARSETTE D. SABBALUCA, CESO VI
 Schools Division Superintendent



Enclosure : as stated
 Reference : RM 1039, s. 2024 re: Guidelines in the 2024 A&E Test Registration
 Allotment : N/A
 No. of Pages : 1

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

ALS A&E TEST REGISTRATION

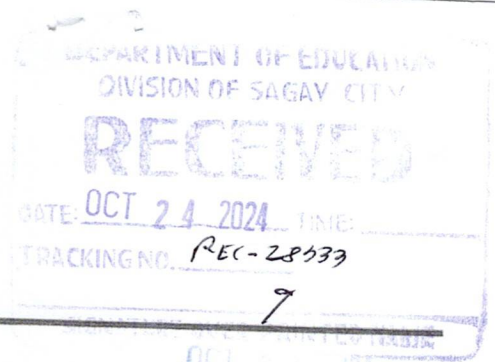
FDM/CID/DM: Guidelines on the 2024 A&E Test Registration
 /October 28, 2024



Sitio Chloe, Brgy. Rizal, Sagay City, Negros Occidental
 Telephone Nos. 488-02-15; 722-0597/ sagaycity001@deped.gov.ph



Republic of the Philippines
Department of Education
 REGION VI - WESTERN VISAYAS



REGIONAL MEMORANDUM
 No. 1-039 s. 2024

GUIDELINES ON THE 2024 ACCREDITATION AND EQUIVALENCY (A&E) TEST REGISTRATION


To: Schools Division Superintendents
 All Others Concerned

1. Attached is an Advisory dated October 18, 2024 titled Guidelines on the 2024 Accreditation and Equivalency (A&E) Test Registration.
2. Immediate dissemination of and compliance with this Memorandum are desired.

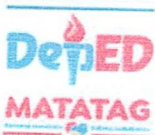

 RAMIR B. UYTICO EdD, CESO III
 Regional Director

Encl.: as stated
 Reference: None
 To be indicated in the Perpetual Index under the following subject:

EXAMINATIONS
 LEARNERS
 SCHOOLS
 TEACHERS


 LUCENA R. SABAJAS
 ADMINISTRATIVE OFFICER V
 BUDGET OFFICER

LMS/RM/Guidelines on the 2024 Accreditation and Equivalency (A&E) Test Registration



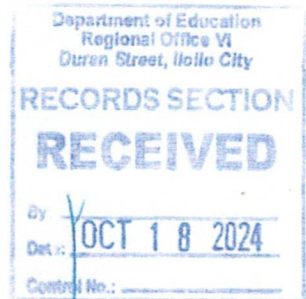
Address: Duran Street, Iloilo City, 5000
 Telephone Nos: (033) 337-0149; 336-2816
 Email Address: region6@deped.gov.ph
 Website: region6.deped.gov.ph



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Republic of the Philippines
Department of Education
BUREAU OF EDUCATION ASSESSMENT



Office of the Director

18 October 2024

ADVISORY

GUIDELINES ON THE 2024 ACCREDITATION AND EQUIVALENCY (A&E) TEST REGISTRATION

The Department of Education (DepEd), through the Bureau of Education Assessment (BEA) in coordination with the Bureau of Alternative Education (BAE), announces the registration period for the administration of the 2024 Accreditation and Equivalency (A&E) Test. The guidelines for the test registration are as follows:

A. Registration Period

1. The registration period relative to A&E Test Administration shall be **on October 21 to December 2, 2024.**
2. A&E Test applicants shall register in the identified Schools Division Offices (SDOs) and designated as registration centers by the Schools Division Superintendent (SDS).

B. Eligibility of Test Registrants and Requirements

3. The following are eligible to register and take the A&E Test:
 - a. ALS learners enrolled in the Learner Information System (LIS) for SY 2024-2025 on or before October 31, 2024;
 - b. Previous ALS Program Completers not registered in the LIS of the current school year who did not submit or did not meet the minimum required points in the **Presentation Portfolio Assessments (PPA)** BUT underwent additional learning intervention in the ALS K to 12 Basic Education Curriculum (BEC) certified by the ALS Teacher/Community ALS Implementor/Learning Facilitator (See Certification of Portfolio);
 - c. Previous ALS Program Completers not registered in the LIS of the current school year who did not pass the **previous A&E Test** BUT underwent additional learning intervention in the ALS K to 12 Basic Education Curriculum (BEC) certified by the ALS Teacher/Community ALS Implementor/Learning Facilitator (See Certification of Additional Intervention);
 - d. Applicants shall be at least 12 years old for the A&E Elementary Level and at least 16 years old for the A&E Junior High School Level **on or before the examination day.**



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4. The test registrants must submit the following requirements to the Division Testing Coordinator (DTC) or to the designated Registration Testing Officer:
 - a. Original and photocopy of Birth Certificate issued by the Philippine Statistics Authority (PSA) formerly National Statistics Office (NSO);
 - b. If the copy of the 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, signature, and date of birth);
 - iii. Valid Passport;
 - iv. Valid Driver's License; and
 - v. Any legal document bearing the applicant's picture, name, signature, and date of birth (e.g., NBI Clearance, Police Clearance)
 - c. 1x1 identical ID Photo (white background with name tag)
 - d. Certification of Portfolio certified by the ALS Teacher/Community ALS Implementor/Learning Facilitator and endorsed by the Division ALS Focal Person/Education Program Specialist II for ALS (EPSA) (See Certification of Portfolio).
5. Only the registered applicants with complete requirements shall be allowed to take the A&E Test at the testing centers approved by BEA. **No walk-in** A&E Test takers shall be accommodated.

C. Selection of Testing Personnel for the Test Administration

6. The SDS, through the Division Testing Coordinator (DTC), shall assign personnel who shall perform the functions listed below. They shall have a Very Satisfactory (VS) performance in the conduct of BEA testing program and should have no records of violations relating to national examination policies.

During Registration

- Registration Testing Officer (RTO), co-registrar, and support staff who will manage the registration process and evaluation of applicants' documents

During the Test Administration

- Chief Examiners
- Supervising examiners
- Room Examiners

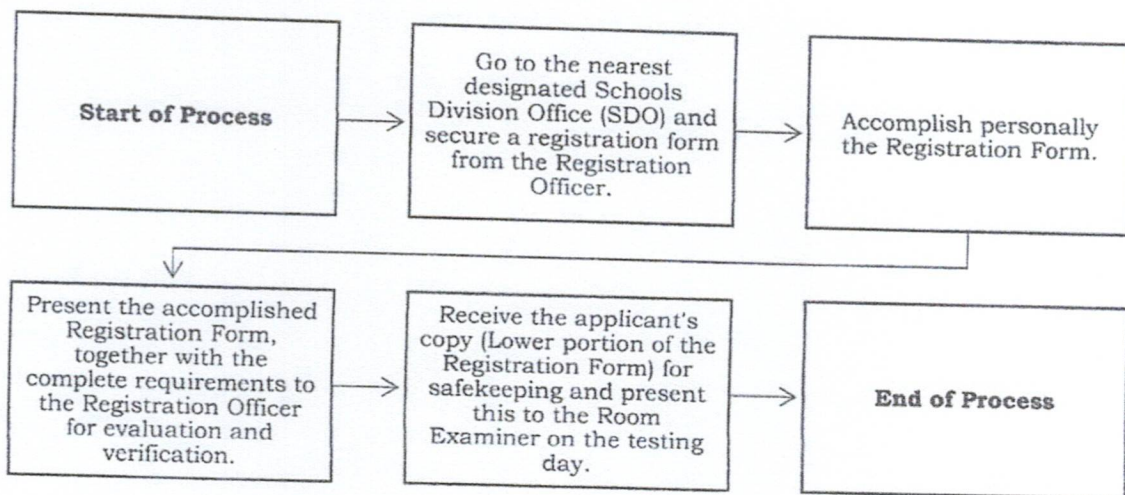


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D. Registration Process

7. The following are the steps in the Registration Process:



8. ALS Teacher/Community ALS Implementer/ Learning facilitators may gather applicants from far-flung areas in one assembly and assist them in the registration. They shall secure the accomplished forms and the required documents for submission to the Registration Committee in the SDO.
9. After the evaluation of documents, they shall keep all the applicants' copy to be given to the examinees a day before or on the testing day. This is to avoid misplacement of applicant's copy, which is needed to present on the testing day. Non-DepEd ALS Program Providers may also adapt this procedure to facilitate the registration of their learners.
10. **NO PAYMENT SHALL BE COLLECTED** by anyone involved in the A&E Test Registration, Administration, and issuance of certificate of rating.

E. Dissemination of Registration Process

11. Registration Testing Officer (RTO), co-registrar staff, and support staff who will manage the registration process and evaluation of applicants' documents shall disseminate the registration process to the registrants.



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12. All DTCs shall orient the RTOs and ALS Implementers on the registration process and evaluation of applicants' documents. All RTOs are liable to any irregularities on the required age and documents of test applicants.
13. ALS Implementers shall help in the dissemination of information and distribution of registration form.

F. Testing Center

14. The DTCs shall prepare the list of testing centers and the total number of examinees per level. A copy of this report in MS Excel format shall be submitted to BEA through email address: bea.ead@deped.gov.ph by the DTC on or before **December 6, 2024**. (See List of Testing Centers)
15. Should there be any changes in the testing centers and total number of examinees per level, an official correspondence (e.g., memorandum/letter) from the Regional Office (RO) shall be sent to the Bureau of Education Assessment (BEA). The said correspondence shall be addressed to:

KEVIN CARL P. SANTOS, PhD
Director IV
Bureau of Education Assessment

16. For further queries and information, Regional Offices (ROs) and SDOs are requested to coordinate with the **Bureau of Education Assessment - Education Assessment Division (BEA-EAD)** at telefax number **(02) 8631-2589** or email bea.ead@deped.gov.ph
17. Immediate dissemination of this Advisory is desired.


KEVIN CARL P. SANTOS, PhD
Director IV
Bureau of Education Assessment

Attachments:

1. A&E Test Registration Form
2. Certification of Portfolio
3. Additional Intervention
4. List of Registrants
5. List of Testing Centers

A&E Registration Form

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.	
Last Name: _____	Registration Date: _____ First Name: _____ M.I.: _____
Birth date: _____ <small>Month Day Year</small>	Learner Reference Number: _____ Home Address: _____
Region: _____ Division: _____	Learning Center: _____
ALS Program Completed (Ifs, Specify): _____	A&E Test Applying for: <input type="checkbox"/> Elementary Level <input type="checkbox"/> Junior High School
Proof of Identity: _____ Contact Number: _____	To be accomplished by the Registration Officer Name and Address of Testing Center: _____
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: <input type="checkbox"/> Proof of Identity <input type="checkbox"/> ALS Program Certification (if any) <input type="checkbox"/> Portfolio Rating Certification <input type="checkbox"/> 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.	
Last Name: _____	Registration Date: _____ First Name: _____ M.I.: _____
Birth date: _____ <small>Month Day Year</small>	Learner Reference Number: _____ Home Address: _____
Region: _____ Division: _____	Learning Center: _____
ALS Program Completed (Ifs, Specify): _____	A&E Test Applying for: <input type="checkbox"/> Elementary Level <input type="checkbox"/> Junior High School
Proof of Identity: _____ Contact Number: _____	To be accomplished by the Registration Officer Name and Address of Testing Center: _____
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: <input type="checkbox"/> Proof of Identity <input type="checkbox"/> ALS Program Certification (if any) <input type="checkbox"/> Portfolio Rating Certification <input type="checkbox"/> Proof of Birth (NSO, Passport, Any legal Documents)	

Certification of Portfolio



Republic of the Philippines
Department of Education
REGION _____
SCHOOLS DIVISION OF _____



CERTIFICATION

This is to certify that _____ with
(Given Name, Middle Name, Last Name, Extension Name)
LRN _____ of _____ is registered as
(CLC Name)
a/an _____ in the Learners Information System (LIS) of SY
Elementary or Junior High School
_____ and has submitted a portfolio containing the following documents:

- a. Personal Information Sheet (PIS)
- b. Functional Literacy Test (FLT)
- c. Assessment Forms 1-2
- d. Recognition of Prior Learning (RPL) Forms 1-4
- e. At least four (4) work samples per Learning Strand (each highlighting the specific competency demonstrated)

This certification is issued as one of the requirements for the registration in the 2024 Accreditation and Equivalency Test.

Certified by:

ALS Teacher/Community ALS Implementor/Learning Facilitator

Signature over Printed Name

Date: _____

Endorsed by:

**Division ALS Focal Person/
Education Program Specialist II for ALS**

Signature over Printed Name

Date: _____

Certification of Additional Intervention



Republic of the Philippines
Department of Education
REGION _____
SCHOOLS DIVISION OF _____



CERTIFICATION

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

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

This certification is issued as one of the requirements for the registration in the 2024 Accreditation and Equivalency Test.

Certified by:

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

List of Registrants



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	
Male	
Female	
Total	

No.	Name	Age	Birthdate (mm/dd/year)	Sex (M/F)	Documents Submitted (Check the appropriate Column)			
					Birth Certificate	Proof of Birthdate	Certificate of Portfolio	Certificate of Additional Intervention
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Prepared by:

 Signature Over Printed Name

Approved by:

 Signature Over Printed Name

