



Republic of the Philippines
Department of Education
 REGION I
 SCHOOLS DIVISION OF VIGAN CITY

Office of the Schools Division Superintendent

DIVISION MEMORANDUM

No. 359, s. 2024

TO: Assistant Schools Division Superintendent
 Chief Education Supervisor (CID & SGOD)
 Public Elementary and Secondary School Heads

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

1. This is in reference to the attached Advisory from the Office of the Director, Bureau of Education Assessment (BEA), dated October 18, 2024 regarding the Guidelines on the 2024 Accreditation & Equivalency (A&E) test Registration.
2. The enclosed guidelines provide detailed information on the timelines, requirements, registration process, and forms for the A&E test:
 - 2.1. The registration period will be from October 21 to December 2, 2024.
 - 2.2. All interested test takers/registrants may register at the SDO-SGOD Office through the Registration Testing Officer, Susiemar M. Rapisura.
 - 2.3. Applicants shall be at least 12 years old for the A&E Elementary Level and 16 years old for the A&E JHS on or before the examination day.
 - 2.4. Only the registered applicants with complete requirements shall be allowed to take the A&E Test at the testing centers approved by BEA.
 - 2.5. No walk-in A&E Test takers shall be accommodated.
3. For inquiries, contact Susiemar M. Rapisura, Division Testing Coordinator/Registration Testing Officer at CP No. 0917-188-9967.
4. Immediate dissemination of this Memorandum is desired.

VILMA D. EDA, CESO V
 Schools Division Superintendent



Address: Mena Crisologo St. corner Rivero St., Brgy. IX, Vigan City, Ilocos Sur
 Telephone No: (077) 722-20-23 / (077) 632-05-33
 Email Address: vigan.city@deped.gov.ph
 Website: www.depedvigancity.com



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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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Department of Education
BUREAU OF EDUCATION ASSESSMENT

Office of the Director

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

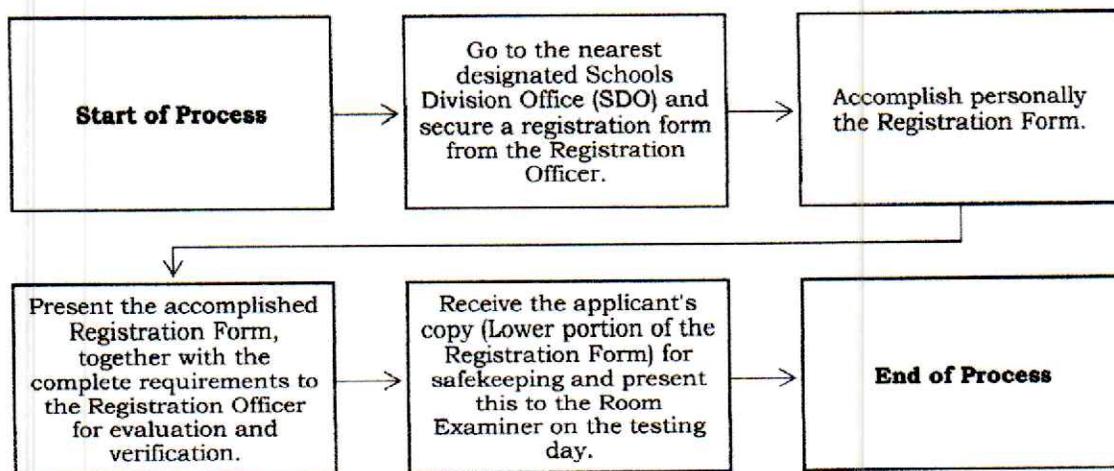


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D. Registration Process

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 Fl., 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									
Last Name									
First Name									
M.I.									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"> Birth date Month Day Year </td> <td style="width:30%;"> Learner Reference Number </td> <td style="width:30%;"> Civil Status Single Married Separated </td> <td style="width:20%;"> Sex Male Female </td> </tr> <tr> <td colspan="4">Home Address</td> </tr> </table>		Birth date Month Day Year	Learner Reference Number	Civil Status Single Married Separated	Sex Male Female	Home Address			
Birth date Month Day Year	Learner Reference Number	Civil Status Single Married Separated	Sex Male Female						
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									
To be accomplished by the Registration Officer									
Proof of Identity	Name and Address of Testing Center								
Contact Number									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"> 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 </td> <td style="width:50%; padding: 5px;"> I certify that all information in this form are TRUE and CORRECT. _____ Applicant's Signature Over Printed Name </td> </tr> </table>		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						
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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 Fl., 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									
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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									
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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

A&E REVISED REGISTRATION FORM

From Education Assessment Division <bea.ead@deped.gov.ph>

Date Fri 18/10/2024 17:16

To DEPED VIGAN CITY <vigan.city@deped.gov.ph>; NUEVA VIZCAYA <nuevavizcaya@deped.gov.ph>; JULIUS CALANGAN <julius.calangan@deped.gov.ph>; DEPED QUIRINO <quirino@deped.gov.ph>; sdoolongapocity@deped-olongapo.com <sdoolongapocity@deped-olongapo.com>; GARRY PANGAN <garry.pangan001@deped.gov.ph>; RHOBY MENDAROS <rhoby.mendaros@deped.gov.ph>; ERVIN GALLARDO <ervin.gallardo@deped.gov.ph>; Fenelia Morada <fenelia.morada@deped.gov.ph>; John Paul Lesondato <john.lesondato@deped.gov.ph>; DEPED CANLAON CITY <canlaon.city@deped.gov.ph>; Aladin Nierras <aladin.nierras@deped.gov.ph>; Oscar Billate Jr <oscar.billate@deped.gov.ph>; CELSO TAPDASAN <celso.tapdasan@deped.gov.ph>; ROSEMARIE LEQUIN <rosemarie.lequin001@deped.gov.ph>; DEPED SAMAR <samar@deped.gov.ph>; Zedrick Malbas <zedrick.malbas@deped.gov.ph>; Ranulfo Baay <ranulfo.baay001@deped.gov.ph>; Jessica Tan <jessica.tan001@deped.gov.ph>; Aida Panis <aida.panis@deped.gov.ph>

 1 attachments (85 KB)

Revised A&E Registration Form (1).pdf;

Dear Sir/Ma'am,

Good Day!

Please see attached file re: **A&E REVISED REGISTRATION FORM**

Thank you.

--

Best Regards,

BEA-EDUCATION ASSESSMENT DIVISION

(02) 631-2589/ 631-2571

2nd flr., Bonifacio Bldg., DepEd Complex,
Meralco Ave., Pasig City

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1x1 ID Photo with Name Tag

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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

Last Name First Name M.I.

Birthdate (Month, Day, Year) Learner Reference Number Civil Status (Single, Married, Separated) Sex (Male, Female) Home Address

Region Division Learning Center

ALS Program Enrolled/Completed (Pls. Specify) A&E Test Applying for (Elementary Level, Junior High School)

Proof of Identity Contact Number 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 Birth Certificate Proof of Birth Date (Any legal document) Certification of Portfolio Certification of Additional Intervention (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

ACCREDITATION AND EQUIVALENCY (A&E) TEST

Registration Form

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