



Republic of the Philippines
Department of Education
REGION III - CENTRAL LUZON
SCHOOLS DIVISION OF SCIENCE CITY OF MUÑOZ

25 November 2024

SCHOOLS DIVISION MEMORANDUM

No. 402 s. 2024

**DISSEMINATION OF THE REGIONAL MEMORANDUM NO. 778 TITLED
DISSEMINATION OF ADVISORY, DATED OCTOBER 18, 2024,
RE: GUIDELINES ON THE 2024 ACCREDITATION AND
EQUIVALENCY (A&E) TEST REGISTRATION**

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Public Elementary and Secondary Schoolheads
All Others Concerned

1. For information, guidance and strict compliance of all concerned, enclosed is the Regional Memorandum No. 778 s. 2024, titled Dissemination of the Advisory, dated October 18, 2024, re: Guidelines on the 2024 Accreditation and Equivalency (A&E) Test Registration.
2. For any concerns or queries, please communicate with Dr. Leilani D. Tidalgo, Division Testing Coordinator (DTC), through her cellphone no. 09636009845 or via email address: leilani.tidalgo@deped.gov.ph.
3. Immediate and wide dissemination of this Memorandum is earnestly desired.



for:
JOHANNA N. GERVACIO PhD, CESO V
Schools Division Superintendent

RONILO E. PILARIO
Assistant Schools Division Superintendent

Encl: RM 778 S. 2024
Reference: None
To be indicated in the Perpetual Index
under the following subjects:
ACCREDITATION AND EQUIVALENCY
TEST REGISTRATION

CID/ LDT-Dissemination of RM-778
30/ November 25, 2024



Address: Brgy. Rizal, Science City of Muñoz, 3119
Telephone No.: (044) 806 -2192; Email Address: munozscience.city@deped.gov.ph



Republic of the Philippines
Department of Education
 REGION III-CENTRAL LUZON



REGIONAL MEMORANDUM

No. 718, s. 2024

DISSEMINATION OF ADVISORY, DATED OCTOBER 18, 2024, RE: GUIDELINES ON THE 2024 ACCREDITATION AND EQUIVALENCY (A&E) TEST REGISTRATION

To: Schools Division Superintendents
 Curriculum and Learning Management Division Chief
 Curriculum Implementation Division Chiefs
 Education Program Supervisors
 Public Secondary School Heads
 All Others Concerned

1. For the information, guidance, and strict compliance of all concerned, enclosed is the Advisory from the Office of the Bureau of Education Assessment, dated October 18, 2024, re: Guidelines on the 2024 Accreditation and Equivalency (A&E) Test Registration.
2. For further queries, please 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.
3. Immediate and wide dissemination of this Memorandum is earnestly desired.

RONNIE S. MALLARI, PhD, CESO V
 OIC - Regional Director

Encl.: As stated
 Reference: Memorandum No. 448, s. 2024
 To be indicated in the Perpetual Index
 under the following subjects:

ACCREDITATION AND EQUIVALENCY

TEST REGISTRATION

CLMD3/Clmd4
 October 30, 2024

To send feedback regarding any of our services, kindly scan the QR Code.



Address: Matalino St. D.M. Government Center, Maimpis,
 City of San Fernando (P)
 Telephone Number: (045) 598-8580 to 89
 Email Address: region3@deped.gov.ph
 Website: <http://region3.deped.gov.ph/>





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.**



Republic of the Philippines
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

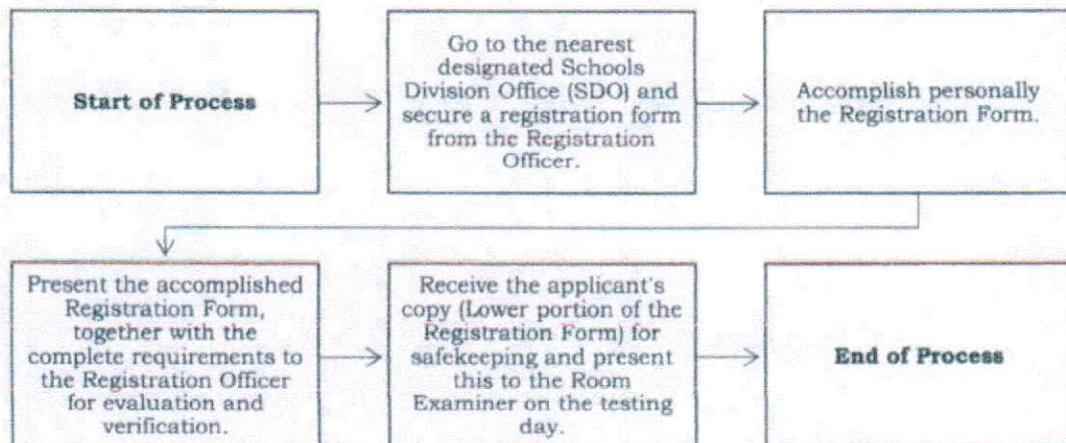


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Department of Education
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D. Registration Process

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.



Republic of the Philippines
Department of Education
BUREAU OF EDUCATION ASSESSMENT

Office of the Director


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

Copy for Registration Officer

A&E Form 1 2x2 ID Photo with Name Tag	Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Flr., Bonifacio Bldg., Manila 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.: _____	
Birth date: _____ Learner Reference Number: _____ Civil Status: _____ Sex: _____	
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: _____	
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.	
_____ Applicant's Signature Over Printed Name	
Required Attachments: <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Portfolio Rating Certification <input type="checkbox"/> ALS Program Certification (if any) <input type="checkbox"/> Proof of Birth (NSO, Passport, Any legal Documents)	

Applicant's Copy

A&E Form 1 2x2 ID Photo with Name Tag	Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Flr., Bonifacio Bldg., Manila 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.: _____	
Birth date: _____ Learner Reference Number: _____ Civil Status: _____ Sex: _____	
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: _____	
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.	
_____ Applicant's Signature Over Printed Name	
Required Attachments: <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Portfolio Rating Certification <input type="checkbox"/> ALS Program Certification (if any) <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

