TESDA CIRCULAR

Subject: **Revised Process Cycle Time for Program Registration**		Page 1 of 2 pages Number 35 Series of 2016
Date Issued: **August 19, 2016**	**Effectively:** **Immediately**	**Supersedes:** **Process Cycle Time and Requirements** in TESDA-SOP-TSDO-01 Revision No.03 dated Mar. 19, 2012

In the exigency of the service and in compliance with the directives of the President of the Philippines in further streamlining government processes and ensuring that all requirements needed by the public are properly addressed, this Circular is being issued to wit:

I. **Scope:** This procedure covers the process cycle time for activities involved in Program Registration beginning with the submission of the required documents to the granting of a Certificate of TVET. Program Registration (CoPR) to the institution registering the TVET program.

II. **Objective/s:** The Program Registration processes require duration to ensure activities are undertaken according to prescribed guidelines, and completed to satisfactorily meet stakeholder and customer requirements at the Regional and Provincial levels.

III. **Process Activities**

PROCESS ACTIVITY	RESPONSIBLE PERSON	Revised PCT
1. Conduct orientation on program registration application	Provincial Director	1 day
2. Reviews Program application documents (from receipt of complete documents to evaluation of documents) ***Note***: PO UTPRAS Focal will issue Evaluation Slip which will indicate specific deficiencies, with clear recommendation how to correct deficiencies, Attached herewith as Annex **A**.	PO UTPRAS Focal	16 days
3. Conducts site inspection and prepares report (from scheduling of inspection, issuance of notice to conduct inspection, actual inspection and preparation of inspection report).	UTPRAS Inspection Team	
4. Prepares Recommendation to RO (from preparation of recommendation to submission to RO of complete documents)	Provincial / District Director	
5. Issues CTPR/ Letter of Denial (from receipt of complete documents by RO, final review, preparation and signing of CTPR or letter of denial, to release of CoPR or letter of Denial to PO, and release of CoPR or letter of denial of PO to TVI)	Regional Director	4 days
TOTAL		**20 Days**

TESDA CIRCULAR

Subject: Revised Process Cycle Time for Program Registration		Page 2 of 2 pages Number 35 Series of 2016
Date Issued: **August 19, 2016**	**Effectively:** **As indicated**	**Supersedes:** **Process Cycle Time, Requirements and Forms** in TESDA-SOP-TSDO-01 Revision No.03 dated Mar. 19, 2012

IV. Documentary Requirements:

The applicant institutions shall submit the following documents/requirements:

1. Corporate and Administrative Documents
   - Letter of application
   - Board Resolution/ Academic Council Resolution to offer the program
   - SEC Registration (for private institution); or Special law creating the institution (for public institution);
   - Articles of Incorporation (for private institution)
   - Proof of building ownership or contract of lease
   - Current Fire Safety Certificate
2. Curricular Requirements
   - Competency-based Currirulum
   - Curriculum design
     - Modules of instruction
   - List of equipment, tools and consumables necessary to deliver the program
   - List of instructional materials
   - List of facilities and off-campus physical facilities
   - Shop layout of training facilities
3. Faculty and Personnel
   - List of officials with their qualification
   - List of faculty with their qualifications, areas of expertise, courses/ seminars attended (with evidences)
   - List of non-teaching staff with their qualifications
4. Academic Rules
   - Schedule and breakdown of tuition and other fees
   - Documented grading system
   - Entry requirements for the program (to comply with the relevant training regulations, if applicable)
   - Rules on attendance
5. Support Services
   - Health services are available to the students/trainees
   - Career guidance services are available to the students/trainees
   - Community outreach program - optional
   - Research that supports the operation of the school - optional

V. Forms and Records

The References, Forms and Records are attached herewith as Annex B.

This Circular takes effect as indicated.

GUILING A. MAMONDIONG
Director General / Secretary

Annex. A

Program Registration Application

ACTION SLIP

No: _____ S. 2016

REGION:	PROVINCE:
NAME OF TVI:	PROGRAM Applied for:

COPY FOR THE APPLICANT. Please bring this every time you transact with the TESDA Provincial Office regarding your Program Application.

ACTION TAKEN:

1. REVIEW OF COMPLETENESS of APPLICATION DOCUMENTS:

_____ **INCOMPLETE / RETURNED.** Please see attached for the recommendations to complete your application. Thank you!

_____ **COMPLETE / ACCEPTED.** Please be back on _____ / _____
(date) *(time)*

Thank you!

Issued by: _____ Name and Signature TESDA PO UTPRAS Focal	Received by: _____ Name and Signature TVI Representative	**Date:**

2.a. EVALUATION of APPLICATION DOCUMENTS:

_____ **NON-COMPLIANT.** Attached is the list of deficiencies and recommendations.

_____ **COMPLIANT.** The schedule of Inspection: _____ / _____
(date) *(time)*

Thank you!

Issued by: _____ Name and Signature TESDA PO UTPRAS Focal	Received by: _____ Name and Signature TVI Representative	**Date:**

2.b. EVALUATION of APPLICATION DOCUMENTS:

_____ **NON-COMPLIANT.** Attached is the list of deficiencies and recommendations.

_____ **COMPLIANT.** The schedule of Inspection: _____ / _____
(date) *(time)*

Thank you!

Issued by: _____ Name and Signature TESDA PO UTPRAS Focal	Received by: _____ Name and Signature TVI Representative	**Date:**

3. INSPECTION of FACILITIES, EQUIPMENT, TOOLS, TRAINING SUPPLIES AND MATERIALS

_____ **NON-COMPLIANT.** Attached is the list of deficiencies and recommendations. Please comply within 30 days, otherwise, we will return your application documents. You may re-apply when you are ready.

_____ **COMPLIANT. Congratulations! We are recommending approval of your application to the Regional for issuance of CTPR.**

Please call on: _____ / _____
(date) *(time)*

Issued by: _____ Name and Signature TESDA PO UTPRAS Focal	Received by: _____ Name and Signature TVI Representative Noted by: _____ Provincial Director	**Date:**

4. ISSUANCE OF CERTIFICATE OF TVET PROGRAM REGISTRATION

I hereby agree to the Affidavit of Undertaking of the TESDA Program Registration as provided in the Certificate of TVET Program Registration.

Issued by: _____ Name and Signature TESDA PO UTPRAS Focal	Received by: _____ Name and Signature TVI Representative Noted by: _____ Regional Director	**Date:**

(Please detach and drop in the Customer Satisfaction Box)

CUSTOMER SATISFACTION RATING: From 1 (Needs Improvement) to 5 (Excellent)

Measures	**1 (Needs Improvement)**	**2 (Poor)**	**3 (Satisfactory)**	**4 (Very Satisfactory)**	**5 (Excellent)**
1. Clarity of orientation on program application requirements					
2. Efficient action on the application documents					
3. Courtesy of staff in dealing with the applicant/s					
4. Other Comments and Recommendations:					

Accomplished by: *(Optional)* _____ Name and Signature Name of TVET Institution: _____	**Date:**

ANNEX B

PROGRAM REGISTRATION FORMS

7.0 Forms

Form No.	Title
7.1 TESDA-SOP-CO-01-F01 (Rev. No. 01- 02/13/15)	Letter of Application/Intent
7.2 TESDA-SOP-CO-01-F02 (Rev. No. 01 -02/13/15)	Certification
7.3 TESDA-SOP-CO-01-F03 (Rev. No. 01 -02/13/15)	Letter of Acknowledgment
7.4 TESDA-SOP-CO-01-F04 (Rev. No. 01 -02/13/15)	Log Sheet
7.5 TESDA-SOP-CO-01- F05 (Rev. No. 01 -02/13/15)	Program Registration Requirement Checklist (For Institutions-based Programs)
7.6 TESDA-SOP-CO-01-F06 (Rev. No. 01 -02/13/15)	Program Registration Requirement Checklist (For Enterprise-based Programs)
7.7 TESDA-SOP-CO-01-F07 (Rev. No. 01 -02/13/15)	Competency-based Curriculum
7.8 (Rev. No. 01 -02/13/15)	Institutional Assessment
7.9 TESDA-SOP-CO-01-F08 (Rev. No. 01 -02/13/15)	Curriculum Evaluation Checklist for Program WTR
7.10 TESDA-SOP-CO-01-F09 (Rev. No. 01 -02/13/15)	Curriculum Evaluation Checklist for Program NTR
7.11 TESDA-SOP-CO-01-F10 (Rev. No. 01 -02/13/15)	List of Equipment
7.12 TESDA-SOP-CO-01-F11 (Rev. No. 01 -02/13/15)	List of Tools
7.13 TESDA-SOP-CO-01-F12 (Rev. No. 01 -02/13/15)	List of Consumables/Materials
7.14 TESDA-SOP-CO-01-F13 (Rev. No. 01 -02/13/15)	List of Instructional Materials /Library Holdings
7.15 TESDA-SOP-CO-01-F14 (Rev. No. 01 -02/13/15)	List of Physical Facilities
7.16 TESDA-SOP-CO-01-F15 (Rev. No. 01 -02/13/15)	List of Off-Campus Physical Facilities
7.17 TESDA-SOP-CO-01-F16(Rev. No. 01 -02/13/15)	List of Officials
7.18 TESDA-SOP-CO-01-F17 (Rev. No. 01 -02/13/15)	List of Trainers
7.19 TESDA-SOP-CO-01-F18 (Rev. No-01 -02/13/15)	List of Non-teaching Staff
7.20 TESDA-SOP-CO-01-F19 (Rev. No-01 -02/13/15)	Inspection Report Form

7.21 TESDA-SOP-CO-01-F20 (Rev. No. 01 -02/13/15)	Letter of Denial
7.22 TESDA-SOP-CO-01-F21 (Rev. No. 01 - 02/13/15)	Program Registration Tracking Sheet
7.23 MIS 02-04 UTPRAS Form TESDA-SOP-CO-01-F22 (Rev. No. 01- 02/13/15	Status of TVET Program Registration Report
7.24) TESDA-SOP-CO-01-F24 (Rev. No. 01 -02/13/15	Certificate of TVET Program Registrations (CTPRs) for WTR and NTR Programs

TESDA-SOP-CO-01-F01
Rev. No.01-02/13/15

(Letter Head of the Institution)

LETTER OF APPLICATION/INTENT

_____
Date

The Provincial Director
_____
_____
_____

Dear Sir/Madam:

We would like to express our intention to apply for program registration for the following qualification(s):

Qualification	Training Duration (No. of Hours)
1.	
2.	
3.	

Enclosed are the required documents.

We hope for your immediate action on this application.

Very truly yours,

_____
Signature over Printed Name
(President/Head of Institution)

Attachments:

TESDA-SOP-CO-01-F02
Rev. No. 02/13/15

CERTIFICATION

I,/We _____(Name)_____, _____(Designation/Position)_____of _____(Name of Institution/Establishment)_____ located at _____(Address of Establishment)_____ hereby certify that I /We have fully understood and will abide by the requirements and procedures under the TESDA Unified TVET Program Registration and Accreditation System (UTPRAS) outlined as follows:

1. Program registration requirements, policies and procedures;
2. Compliance Audit;
3. Sanctions and penalties to be imposed to erring institutions; and the
4. Payment of the non-refundable application fee of P2,000.00 for program registration. (note: list all requirements)

As representative/s of the Institution/Establishment , I/we will inform the owner(s)/ Head/President of our Institution/Establishment on the orientation conducted by TESDA relative to the Program Registration requirements and procedures

Done this ___day of _____ in the year _____.

_____
Signature

TESDA-SOP-CO-01- F03
Rev. No. 02/13/15

LETTER OF ACKNOWLEDGMENT

Date

NAME OF SCHOOL HEAD
Designation
Name of School
Address of School

Dear _____:

This acknowledges receipt of your institution's application for Program Registration of the following qualification(s):

Program Title	Training Duration (No. of Hours)

We will evaluate the documents you have submitted and will inform you of our findings within seven working days after our receipt of your documents.

Thank you for your interest in being a TESDA partner in technical education and skills development.

Very truly yours,

Provincial Director
Provincial Office

TESDA-SOP-CO-01-F04
Rev. No.01-02/13

Log Sheet of Documents Received on Program Registration Application

Program : _____

Name of TVI : _____

	RECEIVED		ACTION TAKEN	ACTION COMPLETED		
Receiving Unit/Person	Date	Time		Date	Time	Person Responsible

TESDA-SOP-CO-01-F05
Rev. No.01-02/13/15

Program Registration Requirement Checklist
(For Institution-based Programs)

Name of Institution				
Address				
Program Applied		Tel/Fax No.		
Program Registration Requirements		**Compliant**		**Remarks**
		Yes	**No**	
1. CORPORATE AND ADMINISTRATIVE DOCUMENTS				
a) Letter of Application/Intent (TESDA-SOP-CO-F01 Rev. No. 01-02/13/15)				
b) Board Resolution/Academic Council Resolution to offer the program signed by the Board Secretary and attested by the Chairperson (SUCs, LCUs, and private institutions) Board Resolution/Academic Council Resolution must specifically cover the training delivery site)				
c) Special law creating the institution (for public institution) e.g. Republic Act, Executive Order, Sanggunian Resolutions)				
d) Securities and Exchange Commission (SEC) Registration for *private institutions*				
e) Articles of Incorporation (indicate main address)				
f) Proof of building Ownership or contract of lease (covering at least two years) upon application for new program. For succeeding application a valid contract of lease.				
g) Current Fire Safety Certificate (training site)				
For Institutions that will branch out				
h) The Articles of Incorporation & Bylaws must state reasons for opening of the branch. The Articles of Incorporation signed by majority of the Incorporators must be notarized and received by SEC.				

Name of Institution				
Address				
Program Applied		Tel/Fax No.		
Program Registration Requirements		**Compliant**		**Remarks**
		Yes	**No**	
2. CURRICULAR REQUIREMENTS				
a) Competency-based Curriculum (TESDA-SOP- CO-01-F06 Rev. No.01-02/13/15) indicating the qualification being addressed and the competencies to be developed a.1 Course Design a.2 Modules of Instruction				
b) List of Equipment (TESDA-SOP-CO-01-F09 Rev. No. 01-02/13/15), Tools (TESDA-SOP-CO-01-F10 Rev. No. 013/15) necessary to deliver the program				
c) List of instructional materials (such as reference materials, slides, video tapes, internet access and library resource necessary to deliver the program (TESDA-SOP-CO-01-F12 Rev. No. 01-02/13/15)				
d) List of Physical Facilities (TESDA-SOP-CO-01-F13 Rev. No. 01-02/13/15) and List of Off-Campus Physical Facilities TESDA-SOP-CO-01-F14 Rev. No. 01-02/13/15) indicating floor area				
e) Shop layout of training facilities indicating the floor area				
f) Institutional Assessment Arrangement Note: Actual Assessment Tools should be shown during inspection.				
3. FACULTY AND PERSONNEL				
a) List of Officials (TESDA-SOP-CO-01-F15 Rev. No. 01-02/13/15)				
b) List of Trainers with their qualifications, areas of expertise, and courses/seminars attended with supporting evidence available, such as relevant NTTC/trainer qualification certificates and certification				

Name of Institution				
Address				
Program Applied		Tel/Fax No.		
Program Registration Requirements		**Compliant**		**Remarks**
		Yes	**No**	
of employment. For NTR programs, copy of Training Certificate on Trainers Methodology I or other Trainer Methodology Certificates, and evidence of specialization of the trainer of the program. A certified true copy of notarized contract of employment by the applicant TVI is required. (TESDA-SOP-CO-01-F16 Rev. No. 01-02/13/15)				
c) List of Non-Teaching Staff with their qualifications with supporting evidences available, such as copies of certificates/ contracts of employment, etc. (TESDA-SOP-CO-01-F17 Rev. No. 01-02/13/15)				
4. PROGRAM GUIDELINES				
a) Program fees, with breakdown of tuition and other fees and schedule of fee payment duly signed by the school head indicating the effectivity of school year				
b) Documented grading system, details of which are provided to students/trainees at the start of their program				
c) Entry requirements for the program comply with the relevant training regulations if applicable				
d) Rules on attendance				
5. SUPPORT SERVICES				
a) Health services are available to the students/trainees. If these services are contracted out or out-sourced, the contract or MOA or similar documents must be submitted.				
b) Career services are available to the students/trainees e.g. LMI, referral desk, industry coordination and other services that will facilitate access to job opportunities for the graduates				

Name of Institution				
Address				
Program Applied		Tel/Fax No.		
Program Registration Requirements		**Compliant**		**Remarks**
		Yes	**No**	
c) Community outreach program – optional				
d) Research program, activities that will support continuing development of the program of the school – optional				

(Note: Erasure is not allowed on the submitted checklist of requirements)

Checked by Inspection Team:

_____
UTPRAS Focal Person

_____
Expert

_____
Date

TESDA-SOP-CO-01-F06
Rev. No.01-02/13/15

Program Registration Requirement Checklist
(Companies/Enterprises-based Programs)

Name of Institution				
Address				
Program Applied		Tel/Fax No.		
Program Registration Requirements		**Compliant**		**Remarks**
		Yes	**No**	
1. **CORPORATE AND ADMINISTRATIVE DOCUMENTS**				
a) Letter of Application/Intent (TESDA-SOP-CO-F01 Rev. No. 01-02/13/15)				
b) Securities and Exchange Commission (SEC) Registration for *private institutions*/DTI Registration (Legal identity)				
c) Proof of building ownership or contract of lease (covering at least two years) upon application for new program. For succeeding application a valid contract of lease)				
d) Current Fire Safety Certificate (training site)				
2. **CURRICULAR REQUIREMENTS**				
a) Competency-based Curriculum (TESDA-SOP- CO-01-F06 Rev. No.01-02/13/15) indicating the qualification being addressed and the competencies to be developed a.1 Course Design a.2 Modules of Instruction				
b) List of Equipment (TESDA-SOP-CO-01-F09 Rev. No. 01-02/13/15), Tools (TESDA-SOP-CO-01-F10 Rev. No. 01-02/13/15), and Consumables (TESDA-SOP-CO-01-FO11 Rev. No. 01-02/13/15) necessary to deliver the program				
c) List of Physical Facilities (TESDA-SOP-CO-01-F13 Rev. No.				

Name of Institution				
Address				
Program Applied		Tel/Fax No.		
Program Registration Requirements		**Compliant**		**Remarks**
		Yes	**No**	
01-02/13/15) and List of Off-Campus Physical Facilities TESDA-SOP-CO-01-F14 Rev. No. 01-02/13/15) indicating floor area				
d) Shop layout of training facilities indicating the floor area				
3. **Trainer/HRD Personnel**				
a) List of Trainers with their qualifications, areas of expertise, and courses/seminars attended with supporting evidence available, such as relevant NTTC/trainer qualification certificates and certification of employment. (TESDA-SOP-CO-01-F16 Rev. No. 01-02/13/15)				

(Note: Erasure is not allowed on the submitted checklist of requirements)

Checked by Inspection Team:

UTPRAS Focal Person

Expert

Date

TESDA-SOP CO-01-F07
Rev. No.01-02/13/15

COMPETENCY-BASED CURRICULUM

A. Course Design

Course Title: _____
Nominal Duration: _____
Qualification Level: _____
Course Description: _____
_____
_____

Trainee Entry Requirements: _____
_____
_____

Course Structure

Basic Competencies
No. of Hours

Unit of Competency	Module Title	Learning Outcomes	Nominal Duration

Common Competencies
No. of Hours

Unit of Competency	Module Title	Learning Outcomes	Nominal Duration

Core Competencies
No. of Hours

Unit of Competency	Module Title	Learning Outcomes	Nominal Duration

Elective Competencies (if any)
No. of Hours

Unit of Competency	Module Title	Learning Outcomes	Nominal Duration

Assessment Methods: _____

Course Delivery: _____

Resources:

(List of recommended tools, equipment and materials for the training of (no. of trainees) trainees for (title of program/qualification).

Qty.	Tools	Qty.	Equipment	Qty.	Materials

Facilities: _____

Qualification of Instructors/Traineers: _____

B. Modules of Instruction

Basic Competencies : _____
Unit of Competency : _____
Modules Title: _____
Module Descriptor: _____
Nominal Duration: _____
Summary of Learning Outcomes:
LO1. _____
LO2. _____
LO3. _____

Details of Learning Outcomes:

LO1 . _____

Contents	Conditions	Methodologies	Assessment Methods

LO2 . _____

Contents	Conditions	Methodologies	Assessment Methods

LO3 . _____

Contents	Conditions	Methodologies	Assessment Methods

(Note: Copy format for modules of instructions for Common and Core Competencies)

TESDA-SOP-CO-01-F08
Rev. No. 01- 02/13/15

Curriculum Evaluation Checklist for Program
With Training Regulations (WTR)
To be accomplished by RO/PO Staff

Name of Applying Institution : _____
Address : _____
Title of Program to be Registered : _____
Nominal Duration (in hours) : _____

1) Please tick (/) YES if the curriculum complies with the statement and tick (/) NO if it does not comply.
2) Please refer to the Evidence Column to the evaluation of the specific component of the curriculum.

NO.	Course Design	Evidence	YES	NO	REMARKS
		WTR			
1.	Course Title	• Refer to Section 3.1 - Title of TVET Qualification of the TR Is the course title the same as to the title of the promulgated TR?			
Nominal Duration					
2.	Total Nominal Duration	• Refer to Section 3.1 - Training Arrangements of the TR of the qualification with the same title Is the total nominal duration the same or more than the number of hours in the promulgated TR?			
Course Description					
3.	Course description of the module includes the scope, coverage and delimitation	• Refer to Section 3.1 - Curriculum Design under Training Arrangements of the TR of the same qualification.			

		Does the course description specifies the competencies required as per competency standard?			
4.	Specifies the unit/s of competency to be learned.	Refer to Section 2- Competency Standards, 2.1 - Definition and Section 2.2.1 – Unit of Competency			
5.	Clarifies content and required skills aligned with units of competency	Are all the units of competency specified according to the TR? Do the units of competency describe the functions of the qualification? Element | Performance Criteria | Required Knowledge | Required Skills			
	Course Structure	Are the basic and common competencies being taught separately from the core competencies?			
6	Training Delivery	Are the training delivery scheme appropriate to achieve the competency?			
7.	Contents of Basic Competencies	Does the content of Basic Competencies follow Section 2 of the TR and include the above mentioned competencies?			
8.	Contents of Common Competencies	• Compare with contents of Common Competencies in Section 2-CS of any TR in the same Sector. Does the content of Common Competencies follow Section 2 of the TR?			

9.	Contents of Core Competencies	• Compare with contents of Core Competencies in Section 2-CS of the same TR title Does the content of Core Competencies follow Section 2 of the TR?			
10.	Course Title	• Refer to Section 3.1 Curriculum Design of the Qualification with the same Title Does the course title conforms with Section 3.1 of the TR?			
11.	Learning Outcomes (refer to Evidence Guide)	Do the Learning Outcomes address the components of the Evidence Guide? (Critical Aspects of Competency, Resource Implications Methods of Assessment and Context of Assessment) ? Do learning outcomes specify what the learners will learn – the knowledge, skills and attitudes aspect of the specific unit of competency?			
	Institutional Assessment Methods				
12.	Assessment Methods	• The purpose of assessment is to confirm that an individual can perform to the standards expected at the workplace as expressed in relevant competency standards.			
		Does the assessment method describe how the performance of competency will be measured.?			

	Trainee's Entry Requirements				
13.	Trainee's Entry Requirements	• Refer to Section 3.3 - Trainee's Entry Requirements in the TR of the same qualification as the minimum requirement • There are additional entry requirements for the programs aside those specified in the TR. • The technical vocational institutions (TVIs) may include additional entry requirements, among others institutions. Does the trainee's entry requirements satisfy the requirement of the program?			
	Resources				
14.	List of tools	Do the resources follow the minimum requirements specified under Section 3.4 - List of Tools, Equipment and Materials and Section 3.5 - Training Facilities in the TR of the same qualification title?			
15.	List of equipment				
16.	List of supplies and materials				
17.	Training Facilities				
	Trainer's Qualification	Do the trainers possess the requirements specified in the TR under Sec. 3.6:Trainer's Qualification?			
18.	National Certificate requirements	• NTTC			
19.	Educational Requirements	• Must follow Section 3.6 of the TR			

20.	Industry experience	• Industry experience may be at least 2 years of relevant industry experience, or as specified in the TR. • Relevant industry experience refers to work similar or related to the course as evidenced by the Employment Certificate signed by the company supervisor or manager			
21.	Appropriate Government License	• Must follow Section 3.6 of the TR.			

Evaluated by:

_____ _____

UTPRAS Focal Person Date

TESDA-SOP-CO-01-F09
Rev. No. 01-02/13/15

Curriculum Evaluation Checklist for Program
No Training Regulations (NTR)
To be accomplished by RO/PO Staff

Name of Applying Institution : _____
Address : _____
Title of Program to be Registered : _____
Nominal Duration (in hours) : _____

1) Please tick (/) YES if the curriculum complies with the statement and tick (/) NO if it does not comply.
2) Please refer to the Evidence Column to the evaluation of the specific component of the curriculum.

No.	Course Design	Evidence	YES	NO	REMARKS
		NTR			
1.	Rationale of Registering NTR	Program not covered by a TR may be registered as NTR provided it complies with the following: a. The program must lead toward employment opportunities. b. The program must satisfy any of the following conditions: i. The manpower requirement of critical emerging industry or specific area requirements (e.g. Priority Skills Plan, Provincial Technical Education and Skills Development Plan, Industry Studies, Area Development imperatives, etc.)			

		ii. The industry with high employment potentials. (e.g., Labor Market Intelligence Report, Philippine Overseas Employment Administration publications, news clippings on job vacancies, Phil Job-net, etc.) iii. The employment commitment from enterprises (e.g. Memorandum of Agreements, certification from employers, job orders, employment commitments) iv. The regulatory and licensing requirements for the practice of an occupation/ profession (i.e. Master Electrician, etc.			
2.	Qualification Level (refer to QSO for Level)	• May refer to the Competency Standard or unit of competency developed by the proponent; Is the course title qualification/ occupation-based? • Equivalent level of the program title to be determined/assigned by QSO (per PQF) after of assessment of the CS. RO shall submit the CS to QSO for assessment			

Nominal Duration					
3.	Total nominal duration	• Total nominal duration include Basic, Common and Core. Is the indicated I nominal duration sufficient to achieve the competency in accordance with performance criteria? Do they satisfy the TESDA Basic and Common competencies? (Refer to respective nominal duration for Basic and Common Competencies in the TR with the related sector and with the same NC Level)			
4.	Nominal duration for Core Competencies	Is the nominal duration the estimated learning hours for a trainee to achieve the core competencies based on the objectives, contents of the course and methodology used?			
	Course Description				
5.	Course description of the module, includes the scope, coverage and delimitation.	Does the course description of the modules include the purpose of the training program, scope, coverage, competency to be covered or learned?			

	Course Structure				
6.	There is a separate course structure for Basic Competencies	Does the course structure content relevant to learning contents and practical activities for each learning Outcome (LO)			
7.	There is a separate course structure for Common Competencies				
8.	There is a separate course structure for Core Competencies.				
9.	Contents of Core Competencies	Do the contents of Core competencies developed by the proponent correspond with the PQF level descriptor and achievement of LOs.			
10	Course Title	• May refer to the Competency Standard or unit of competency developed by the proponent;			
		Does the module conforms with the Section 3.1 of the TR framework?			
11.	Learning Outcomes (for revision of questions)	Do the learning outcomes address the elements and performance criteria indicated in the Competency Standards (Section 2) ?			
	Institutional Assessment Methods				
12.	Assessment methods	• The purpose of assessment is to confirm that an individual can perform to the standards expected at the workplace as expressed in relevant competency standards.			

		Do the assessment methods such as written exam, demonstration, interview or portfolio assessment among others describe how the performance of competency shall be best measured?			
	Training Delivery	(Please refer to Section 3.2 of the TR for the complete details on Training Delivery.)			
13.	**Training Delivery**	• Are the course delivery methods based on the Learning Outcomes/Objectives and Contents of the course as follows? • Lecture/discussion - to present formation and ensures that it is understood and remembered;			
		• Demonstration – practice of process skills so that one can understand and develop consistency in the skills being learned; • Group discussion-active involvement of trainees in expressing themselves about a certain topic; • Experiment/simulation-exercises to simulate a situation or incident to highlight interaction of trainees; • Dual Training - a mode of training where in some portion of learning is done in a workplace			

		• OJT/SIT • E-learning/Cyber Learning • Distance learning - trainees may choose their own instructional time frame and interact with the learning materials and instructor according to schedules; • Blended Learning.			
	Resources				
14.	List of tools	Are the resources compliant to the minimum requirements developed by the proponent?			
15.	List of equipment				
16.	List of supplies and materials				
17.	Training Facilities				
	Trainee's Entry Requirements				
18.	Trainee's Entry Requirements	• It must indicate the type of participant to be trained. •			
		• The accepting institution or relevant industry sector may include additional entry requirements, among others Does the curriculum satisfy the trainees' entry requirements?			
	Trainer's Qualification				
19.	National Certificate requirements	• TM Certificate			
20.	Educational Requirements	• College Diploma or Training Certificate relevant to the course to be handled			

21.	Industry experience	• At least 2 years of relevant industry experience. • Relevant industry experience refers to work similar or related to the course as evidenced by the Employment Certificate signed by the company supervisor or manager .			

Evaluated by:

UTPRAS Focal Person

Date

TESDA-SOP-CO -01-F10
Rev. No.01-02/13/15

LIST OF EQUIPMENT

Program: _____
Name of Institution: _____

Name of Equipment (1)	Specification (2)	Quantity Required (3)	Quantity on Site (4)	Difference (5)	Inspector's Remarks (6)

Submitted by: _____ Attested by: _____ Inspected by: _____ _____
Institution Representative Institution Head PO Focal Expert

Date Date: Date:

Note: Columns 1-4 to be filled out by Institution; Columns 5-6 to be filled out by PO/Expert

TESDA-SOP-CO-01-F11
Rev. No.01-12/16/14

LIST OF TOOLS

Program: _____
Name of Institution: _____

Name of Tools (1)	Specification (2)	Quantity Required (3)	Quantity on Site (4)	Difference (5)	Inspector's Remarks (6)

Submitted by: _____ Attested by: _____ Inspected by: _____ _____
Institution Representative Institution Head PO Focal Expert

Date: Date: Date:

Note: Columns 1-3 to be filled out by Institution; Columns 5-6 to be filled out by PO/Expert

TESDA-SOP-CO-01-F12
Rev. No.01-02/13/15

LIST OF CONSUMABLES/MATERIALS

Program: _____
Name of Institution: _____

List of Consumables/ Materials (1)	Specification (2)	Quantity Required (3)	Quantity on Site (4)	Difference (5)	Inspectors Remarks (6)

Submitted by: _____ Attested by: _____ Inspected by: _____ _____
Institution Representative Institution Head PO Focal Expert

Date: Date: Date:

Note: Columns 1-3 to be filled out by Institution; Columns 4- 6 to be filled out by PO/Expert

TESDA-SOP-CO--01-F13
Rev. No. 01-02/13/15

LIST OF INSTRUCTIONAL MATERIALS/LIBRARY HOLDINGS

Program: _____
Name of Institution: _____

Title	Classification*	Date of Publication	No. of Copies (where applicable)	Inspector's Remarks

Submitted by: _____ Attested by: _____ Inspected by: _____ _____
Institution Representative Institution Head PO Focal Expert

Date Date: Date:

** Classify whether journal, book, magazine, electronic materials available on electronic media or in the Internet, etc.*

TESDA-SOP-CO-01-F14
Rev. No. 01-02/13/15

LIST OF PHYSICAL FACILITIES

Program: _____
Name of Institution: _____

Facility	Description	Quantity	Inspector's Remarks

Submitted by: _____ Institution Representative

Attested by: _____ Institution Head

Inspected by: _____ PO Focal

_____ Expert

Date:

Date:

Date:

TESDA-SOP-CO-01-F16
Rev. No. 01-02/13/15

LIST OF OFFICIALS

Program: _____
Name of Institution: _____

Name	Position	Contact Details (Address/Contact No./ Email Address)	Nature of Appointment	Educational Attainment

Submitted by: _____
Institution Representative

Attested by: _____
Institution Head

Inspected by: _____
PO Focal

_____
Expert

Date:

Date

Date:

TESDA-SOP-CO- 01-F15
Rev. No. 01-02/13/15

LIST OF OFF-CAMPUS PHYSICAL FACILITIES

Program: _____
Name of Institution: _____

Facility	Description	Quantity	Inspector's Remarks

Submitted by: _____ Attested by: _____ Inspected by: _____ _____
Institution Representative Institution Head PO Focal Expert

Date Date: Date:

TESDA-SOP-CO-01-F17
Rev. No. 01-02/13/15

LIST OF TRAINERS

Program: _____
Name of Institution: _____

Name	Position	Nature of Appointment	Educational Attainment	No. of Years of Teaching Experience	No. of Years of Industry Experience Relevant to the Qualification	Trainer's Qualification	
						NTTC* Number	Validity

*For NTR Title of Trainers Training or other licenses/certificates.

Submitted by: _____ Attested by: _____ Inspected by: _____ _____
Institution Representative Institution Head PO Focal Expert

Date Date: Date:

Section 12 of the AOGLS item No. 5 A new CTPR is no longer necessary in case there is a change in the name of the designated trainer(s). The institution shall only submit the following documents: a. Letter informing TESDA of the change of name of the trainer(s); b. Copy of the National Trainer's Training Certificate (NTTC) Level I or II of the new trainer(s) for WTR programs; c. For NTR programs, Copy of the Training Certificate on Trainer Methodology (TM I) or other training methodology certificates; and evidence of specialization of the trainer of the program ; and d. Certified true copy of notarized contract of employment.

TESDA-SOP-CO-01-F19
Rev. No. 01-02/13/15

INSPECTION REPORT FORM

(Unified TVET Program Registration and Accreditation System (UTPRAS)

REGION: _____
PROVINCE: _____
Date of Inspection: _____

I. BASIC INFORMATION

Name of Institution: _____
Address: _____

II. PROGRAM APPLIED

No.	Program Title and PQF Level	Classification		Nominal Duration/	Capacity*
		WTR	NTR		

* number of trainees per batch/program x no. of batches per year

III. FINDINGS (Note: for Corporate and Administrative Documents, Curriculum, Personnel and Academic Rules see attached Checklist of Requirements)

No.	Program Registration Requirements	Status of Compliance		Remarks (Use additional sheet/s if necessary)
		Compliant	Non-compliant	
	1. Equipment, tools and consumables, Instructional materials, Physical Facilities & Off-Campus Physical Facilities and Shop layout of training facilities necessary for Program Delivery			
	a) Equipment, tools and consumables necessary to deliver the program. (Please attach TESDA-SOP-01-CO-F09 Rev. No. 01-02/13/14, TESDA-SOP-CO-01-F10 Rev. No. 01-02/13/15 and TESDA-SOP-CO-01-F11 Rev. No. 01-02/13/15)			
	b) Instructional materials (such as reference materials, slides, videotapes, internet access and library resources) necessary to deliver the program (Please attach TESDA-SOP-CO-01-			

TESDA-SOP-CO-01-F18
Rev. No. 01-02/13/15

LIST OF NON-TEACHING STAFF*

Program: _____
Name of Institution: _____

Name	Position	Nature of Appointment	Educational Attainment	Experience Related to Position

*Includes Registrar, Career Advocates, etc.)

Submitted by: _____ Attested by: _____ Inspected by: _____ _____
Institution Representative Institution Head PO Focal Expert

Date: Date: Date:

No.	Program Registration Requirements	Status of Compliance		Remarks (Use additional sheet/s if necessary)
		Compliant	Non-compliant	
	F012 Rev. No. 01-02/13/15)			
	c) Physical Facilities & Off-Campus Physical Facilities indicating floor area (Please attach TESDA-SOP-CO-01-F13 Rev. No. 01-02/13/15, TESDA-SOP-CO-01-F14 Rev. No. 01-02/13/15)			
	d) Shop layout of training facilities indicating the floor area			
	2. SUPPORT SERVICES			
	a) Health services are available to the students/trainees (if these services are contracted out or out-sourced, the contract or MOA or similar documents must be submitted)			
	b) Career guidance services are available to the students/trainees (Career Profiling, Monitoring/Tracking Form of Graduates/ employed, etc)			
	c) Community outreach program (documented evidences available) – optional			
	d) Research that supports the operation of the school is carried-out (e.g. surveys, consultations, meeting with local industry and community representatives; technical research) – optional			

IV. RECOMMENDATION

(Please mark)	Recommended Action
	Recommended to offer program applied for:
	Subject for re-inspection on (mm/dd/yy):
	Others (*Please specify*):

V. CONFIRMATION

Name of Applicant Institution's Representative and Designation	Signature	Date

Prepared by:

INSPECTION TEAM MEMBERS

Name	Signature
1. _____	_____
2. _____	_____
3. _____	_____

TESDA-SOP-CO-01-F20
Rev. No. 01-02/13/15

LETTER OF DENIAL

Date

NAME OF SCHOOL HEAD
Designation
Name of School
Address of School

Dear ____:

We regret to inform you that your application for program registration of *(name of qualification)* is being denied because of the following reasons:

( ) Your institution has failed to comply with the deficiencies noted in our review of the submitted documents.

( ) Your institution has failed to comply with the deficiencies noted during the inspection conducted last *(date of inspection).*

( ) Others: *(Please specify valid reason/s for denial of application)* _____

_____

Please be informed, however, that you may re-apply should you think that you have complied with the identified deficiencies. Our office is willing to provide you technical assistance when needed.

Very truly yours,

Regional Director
TESDA Region ___

TESDA-SOP-CO-01-F21
Rev. No. 01-02/13/15

PROGRAM REGISTRATION TRACKING SHEET

For the Month of: _____

Provincial Office: _____
Regional Office: _____

Name of Applicant Institution	Qualification Title	Date the Application was Received/ Stamped Received	Evaluates submitted documents (Date of Evaluation Completed (7 working days)		Inspection Report and Recommendations submitted (Within 10 working days from the date of acceptance of (Notice of Inspection)		Review and Prepare CTPR/ Letter of Denial approved by the RD (Within 5 working days)		Release Signed/ Approved CTPR/ Letter of Denial (Within 5 working days RO to PO)		Release Signed/ Approved CTPR/ Letter of Denial (Within 3 working days PO to TVI)		Total Number of Days (30 days)	Remarks
(a)	(b)	(c)	(d)		(e)		(f)		(g)		(h)		(i)	(j)
			Date Started	Date Finished	Date Started	Date Finished	Date Started	Date Finished	Date Started	Date Finished	Date Started	Date Finished		

Prepared by:

PO UTPRAS Focal

Date: _____

Reviewed/Certified Correct by:

Provincial Director

Date: _____

Rev. No. 01-02/13/15

Status of TVET Program Registration Report

MIS-02-04 UTPRAS Form

For the Month of _____

Providers Profile												Registered Program Profile									For Closed Program		For program converted from NTR to WTR / old WTR to updated WTR and Re-registration					
Region	Province	Congressional District	Name of Institution/ TVI Provider	Name of Administrator	Complete Address	Latitude Point	Longitude Point	Tel No	E-mail Address / Website /FB	Type of Institution	Classification of Institution	Industry Sector of Qualifications	Program/ Qualification Title WTR	Program/ Qualification Title NTR	Qualification Code	PTQF Level	Name List of Trainees	Duration (in Hrs)	Program Registration No	Date Issued	Effectivity date of Program Closure	Reason of Closure	Name of Reregistered program	CTPR No	Duration	Date Issued	Reason of Re-registration	Remarks
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)		(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)	(x)	(y)	(z)	(aa)	(ab)

TESDA-SOP-CO-01-F24
(Rev. No. 01-02/13/150

Republic of the Philippines
TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY
Region _____

This

Certificate of TVET Program Registration

No.

is hereby granted to

to offer a program in

with a duration of

The program covers the following units of competency:

COMPETENCIES

Trainer/s of the Program:

By the Authority of the TESDA Director General:

_____
Regional Director

SN WTR
p.1 of 2 pages

This Certificate of TVET Program Registration is hereby granted pursuant to Republic Act No. 7796 creating the Technical Education and Skills Development Authority (TESDA) and in accordance with TESDA Board Resolution No. 98-03 on the Establishment of the Unified TVET Program Registration and Accreditation System (UTPRAS) dated January 23, 1998, TESDA Board Resolution No. 2015-18 on Approving the Amendments to the Omnibus Guidelines on Program Registration under the Unified TVET Program Registration and Accreditation System (UTPRAS) and the TESDA Circular No. 45 series of 2007 as amended by TESDA Circular No. 7 Series of 2016.

Furthermore, the institution shall comply with the following:

1. The period of migration of the affected WTR program shall be in accordance with what is prescribed in the Implementing Guidelines of the relevant Training Regulations. Programs which are not migrated within the period as stated in the Implementing Guidelines of the TR shall be closed in accordance with the Section on Procedures on Closure of Programs and Revocation of CTPR contained in the *Procedures Manual on Compliance Audit*.
2. Assessment of Learners completing a WTR program is mandatory. Such assessment shall be conducted before graduation.
3. WTR Programs with certification rate lower than the national sectoral average rate for three (3) consecutive batches shall be subject to closure proceedings in accordance with the Section on Procedures in the Closure of Programs and Revocation of CTPR contained in the *Procedures Manual on Compliance Audit*.
4. All registered programs shall be subject to regular compliance audit by TESDA or a *recognized auditing body to ensure continuing compliance with the minimum* requirements.

This Certificate of TVET Program Registration shall be subject to revocation should the institution fail to faithfully comply with the rules and regulations governing the offering of TVET programs prescribed by the Authority.

This Certificate shall not extend to any other program or any other branch of the Institution.

Given in _____ this _____ day of _____

By the Authority of the TESDA Director General:

Regional Director

Conforme:

Republic of the Philippines
TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY
Region _____

This

Certificate of TVET Program Registration

No.

is hereby granted to

to offer a program in

with a duration of

The program covers the following units of competency:

COMPETENCIES

Programs registered as full qualification may be offered as cluster of units of competency contained therein, unless otherwise provided in the corresponding Training Regulations (TRs)

Trainer/s of the Program:

By the Authority of the TESDA Director General:

_____
Regional Director

SN WTR w/CoC -
p.1 of 2 pages

This Certificate of TVET Program Registration is hereby granted pursuant to Republic Act No. 7796 creating the Technical Education and Skills Development Authority (TESDA) and in accordance with TESDA Board Resolutions No. 98-03 on the Establishment of the Unified TVET Program Registration and Accreditation System (UTPRAS) dated January 23, 1998, TESDA Board Resolution No. 2015-18 on Approving the Amendments to the Omnibus Guidelines on Program Registration under the Unified TVET Program Registration and Accreditation System (UTPRAS) and the TESDA Circular No. 45 series of 2007 as amended by TESDA Circular No. 7 Series of 2016.

Furthermore, the institution shall comply with the following:

1. The period of migration of the affected WTR program shall be in accordance with what is prescribed in the Implementing Guidelines of the relevant Training Regulations. Programs which are not migrated within the period as stated in the Implementing Guidelines of the TR shall be closed in accordance with the Section on Procedures on Closure of Programs and Revocation of CTPR contained in the Procedures Manual on Compliance Audit.

2. Assessment of Learners completing a WTR program is mandatory. Such assessment shall be conducted before graduation.

3. WTR Programs with certification rate lower than the national sectoral average rate for three (3) consecutive batches shall be subject to closure proceedings in accordance with the Section on Procedures in the Closure of Programs and Revocation of CTPR contained in the Procedures Manual on Compliance Audit.

4. All registered programs shall be subject to regular compliance audit by TESDA or a recognized auditing body to ensure continuing compliance with the minimum requirements.

This Certificate of TVET Program Registration shall be subject to revocation should the institution fail to faithfully comply with the rules and regulations governing the offering of TVET programs prescribed by the Authority.

This Certificate shall not extend to any other program or any other branch of the Institution.

Given in _____ this _____ day of _____

Authority of the TESDA Director General:

Regional Director

Conforme: