TESDA CIRCULAR

Subject: Amended Implementing Guidelines on the TESDA SEAL of Integrity for Assessment Centers		Page **1** of **15** page/s Number 070, Series of 2022
Date Issued: **22 December 2022**	**Effectivity:** **23 January 2023**	**Supersedes:** TESDA Circular No. 008 series of 2021

In line with the Authority's continuing effort to further quality-assure the implementation of the assessment and certification program and establish a system of recognizing the Accredited Assessment Centers, the following guidelines on the TESDA SEAL of Integrity for Assessment Centers are hereby issued:

I. Program Description

The TESDA SEAL of Integrity is an institution-based award granted to Accredited Assessment Centers which have consistently adhered to TESDA Operating Procedures and quality management principles in the conduct of assessment delegated by TESDA.

The TESDA SEAL of Integrity for Assessment Centers is anchored on the ASEAN Guiding Principles for Quality Assurance and Recognition of Competency Certification Systems and aligned with the requirements of the ISO 17024 Conformity Assessment - General Requirements for Bodies Operating Certification of Persons. The Award shall utilize objective and evidence-based criteria on governance and management; demonstration of principles of accountability; transparency; independence; confidence and standards; continuous improvement and flexibility of services.

II. Objectives

The TESDA SEAL of Integrity for Accredited Assessment Centers shall have the following objectives:

1. Identify Accredited Assessment Centers (ACs) that have surpassed the minimum requirements as stipulated in the PTCACS;

2. Recognize the AC that had continuously and consistently maintained its institutional performance in preserving the integrity of assessment delegated by TESDA;

3. Enhance the quality of implementation of assessment and certification to protect the interest of the stakeholders with reassurance of continuing improvement and innovation; and

4. Adapt, apply and promote the ASEAN Guiding Principles for Quality Assurance and Recognition of Competency Certification Systems

and align with the requirements of the ISO 17024:2014 Conformity Assessment – General Requirements for Bodies Operating Certification of Persons.

III. Definition of Terms

The following terms shall be used in this guidelines:

1. **Accredited Assessment Center (AC)** — refers to an establishment officially authorized by TESDA to manage the assessment activities of candidates for national certification for a specific qualification. This shall include among others the TESDA Technology Institutions, Private Technical Vocational Institutions, Higher Education Institutions (HEIs), State Universities and Colleges (SUCs), Local Colleges and Universities (LCUs), Training Centers, and enterprises.

2. **AC Quality Management Committee** – is composed of the Assessment Center Manager, Assessment Center Processing Officer, and other personnel in the Assessment Center that performs significant roles in the conduct of assessment and certification. They shall be responsible in reviewing the AC QMS to ensure its continuing adequacy and effectiveness.

3. **Assessment Center Manager** — refers to the person/senior level staff from the Assessment Center designated to manage the assessment activities and processes.

4. **Candidate** — refers to individual subjected to competency assessment process.

5. **Commitment Status** — refers to a status wherein the AC should have demonstrated its serious commitment for improvement in order to achieve quality excellence in the conduct of assessment. The total weighted score categorized as Candidate for Commitment Status ranges from 350 to 450 points.

6. **Competency Assessment** — refers to the process of collecting evidence and making judgments on whether competency has been achieved.

7. **Competency Assessment Tools (CATs)** — refers to the assessment package containing set of materials used for

assessment, i.e., assessment instrument. the specific instructions for gathering and interpreting evidence, specific instructions to candidates, and rating sheets.

8. **External Validator** — refers to a Technical Person who is experienced and knowledgeable in the assessment and certification system with no affiliation, conflict of interest or conflict of duty to any applicant-AC and who will act as the third party evaluator.

9. **Qualification** — refers to a package of competencies describing a particular function or job role existing in the economic sector, covering the work activities required to undertake a particular job role.

10. **Recognition of Prior Learning (RPL)** — refers to the acknowledgement of an individual's currently possessed skills, knowledge and attitude acquired through previous training, work, or life experiences.

11. **Rules of Evidence –** refers to the evidence gathered which are valid, current, sufficient, authentic, and consistent.

12. **Self-Evaluation Instrument** — refers to the checklist, which the applicant-AC shall accomplish to determine their relative scores against the indicators provided. The required evidence is also provided. This will help the applicant-AC determine if the qualification being applied for will meet the required points for the Award.

13. **TESDA SEAL of Integrity for Assessment Centers** - refers to the Award given to an Assessment Center that has surpassed the minimum requirements of an Assessment Center as stipulated in the PTCACS and had continuously and consistently maintained the integrity of assessment delegated by TESDA.

IV. General Policies

1. The application for the TESDA SEAL of Integrity for Assessment Centers shall be mandatory for TESDA Technology Institutions but voluntary for other Accredited Assessment Centers.

2. It shall be based on the center's institutional performance in continuously and consistently maintaining the integrity of the conduct of assessment in ALL of its accredited qualifications.

3. It shall use an objective and evidence-based criteria, aligned with the ASEAN Guiding Principles for Quality Assurance and Recognition of Competency Certification Systems and the requirements of the ISO 17024 Conformity Assessment - General Requirements for Bodies Operating Certification of Persons.

V. Criteria for Eligibility

To qualify, the AC must:

1. Have been in operation and have conducted assessment in **ALL** of its accredited qualifications in the past three (3) years.

2. Have undergone the annual compliance audit/s and non-conformities, if any, should have been closed; and

3. Have no unresolved adverse findings from the regular and special/spot audits and inspection conducted by PO/RO/ROMO, in any registered program/accredited qualification by the institution, be it training or assessment, no unsettled complaints from stakeholders and compliant with relevant statutory and regulatory requirements.

VI. Board of Judges

1. The Regional Technical Education and Skills Development Committee (RTESDC) shall serve as the Regional Board of Judges.

2. The Regional Board of Judges (RBOJs) shall:

   a. Send a member to act as observer/panel in the on-site visit of the applicant-AC;
   b. Deliberate on the AC 's organizational performance based on the conduct of assessment; and
   c. Approve and endorse qualified applicant-ACs for the TESDA SEAL of Integrity to the National Board of Judges through the TESDA Regional Office. Assessment Centers classified under Commitment Status Level shall not be endorsed to the National Board of Judges.

3. The National Board of Judges (NBOJs) for the STAR for TVET Programs shall also serve as the NBoJs for the TESDA SEAL of Integrity for Assessment Centers.

4. The National Board of Judges shall:

   a. Send a member/representative to act as panel/observer in the onsite visit of the applicant-AC endorsed by the Regional Board of Judges;
   b. Deliberate on the applicant-ACs endorsed by the External Validators in accordance with national priorities and additional criteria that may be set by the NBoJs; and
   c. Confer the TESDA SEAL of Integrity to qualified applicant-AC.

VII. Support Committees

The following Support Committees with their corresponding roles shall be organized in the implementation of the TESDA SEAL of Integrity:

1. Regional Review Committee (RRC)

a. The Regional Review Committee (RRC) shall be composed of the following:

   i. Regional Director;
   ii. Regional Operations Division Chief;
   iii. One member of the Regional Board of Judges;
   iv. Regional CAC Focal; and
   v. Provincial CAC Focal (where applicant-AC is located).

b. The roles of the RRC are as follows:

   i. Conduct social marketing and advocacy program on the TESDA SEAL of Integrity for Assessment Centers in their region;
   ii. Evaluate the accomplished Self-evaluation Instrument and the supporting documents received, and inform the applicant-AC through the concerned TESDA Provincial Office the lacking documents that have to be completed and/or any non-conformities that have to be addressed;

iii. Accomplish the Evaluation Instrument completely including the "Remarks" column. Remarks column shall contain observation/s as basis for the rating.
iv. Conduct on-site visit to the applicant-AC to validate the self-assessment ratings and conformance to the documentary requirements.

2. External Validators

a. The External Validators shall have the following qualifications:

i. Must have at least three (3) years of experience/knowledge in the assessment and certification program;
ii. Must be an effective communicator, and acknowledged leader in his/her discipline with a high standard of professionalism; and
iii. Must have undergone training and with related experience in quality assurance (e.g. ISO, PQA, APACC, QMS Audit).

b. The External Validators shall perform the following responsibilities:

i. Conduct interview with the AC Quality Team;
ii. Review documents relevant to the criteria of the TESDA SEAL of Integrity;
iii. Visit facilities, review researches and other projects as necessary;
iv. Interview officials, assessors, and candidates of the applicant-AC;
v. Present observations and recommendations of the validation to the Head of the applicant-AC and/or Quality Team;
vi. Endorse to NBoJs through the National TESDA SEAL Secretariat the applicant-ACs that meet the criteria based on their evaluation;
vii. Prepare comprehensive Validation Report **(Annex A)** and endorse the applicant-ACs to the Regional Board Judges for deliberation; and
viii. Present and defend evaluation results and ratings to the National Board of Judges (NBoJs).

3. TESDA SEAL of Integrity for Assessment Centers National Secretariat

The Certification Office (CO) shall act as the National Secretariat for the TESDA SEAL of Integrity for Assessment Centers. The National Secretariat shall be responsible for the following:

a. Act as Secretariat to the National Board of Judges;
b. Conduct Capability Building Program for applicant-ACs, External Validators and RRC;
c. Provide technical assistance in the submission of complete and compliant TESDA SEAL application-related documents;
d. Coordinate with the Regional Offices on the activities related to the TESDA SEAL of Integrity for Assessment Centers;
e. Organize the Awarding Ceremony; and
f. Document all activities on the TESDA SEAL of Integrity for Assessment Centers.

4. AC Quality Management Committee

a. AC Quality Management Committee has the responsibility of managing the QMS of the AC. They shall:

i. Prepare and study all necessary documents including an accomplished Self-Evaluation Instrument for the application and validation of the applicant-AC to be subjected to the TESDA SEAL of Integrity; and
ii. Respond to all queries of RRC, External Validators, and National Board of Judges.

VIII. Application Procedures

1. The applicant-AC must have attended the capability building program conducted by the Certification Office.

2. Applicant-AC for the TESDA SEAL of Integrity shall apply at the TESDA Provincial Office (PO) that has jurisdiction over its accreditation. Application documents and other required forms and checklist of requirements shall be provided by the PO.

3. The applicant-AC shall prepare the application documents compliant to the Rules of Evidence.

4. The applicant-AC shall submit the following documents to the TESDA Provincial Office:

   a. Letter of intent applying for the TESDA SEAL of Integrity for AC;
   b. Accomplished Self-evaluation Instrument **(Annex B)** with the required up-to-date documents attached;
   c. Profile of the AC (not more than 2 pages);
   d. Write-up on the implementation of the Quality Management System **(Annex C)**; and
   e. Composition of AC Quality Management Committee signed by the AC Manager.

5. The TESDA Provincial Office shall check the completeness and correctness and evaluate the documents including conformity of the application to the Self-evaluation Instrument requirements.

6. The TESDA Provincial Director shall endorse the applicant-AC that meets the TESDA SEAL of Integrity criteria based on the self-evaluation scores of the AC to the RRC. The applicant-AC which falls under Commitment Status Level or below shall be advised to work on identified areas for improvement to qualify for the TESDA SEAL of Integrity in the future.

7. The RRC shall invite a Member of the RBoJs to join the on-site visit at least two weeks before the scheduled date.

8. The RRC shall meet at least 2 days prior to the conduct of the actual on-site visit, to discuss the roles and responsibilities of each Member and the criteria and sub-criteria to be used during actual on-site validation.

9. The RRC shall conduct actual on-site visit to the applicant-AC to validate and evaluate the self-evaluation scores of the applicant-AC based on the TESDA SEAL of Integrity criteria. During the actual on-site visit, the applicant-AC shall also present justifications of their scores based on the seven (7) criteria.

10. At the closing meeting of the on-site visit, the eligibility to the TESDA SEAL of Integrity shall be determined. The applicant-AC that meets the criteria per RRC evaluation shall be endorsed to the RBoJs. Applicant-AC that failed to meet the TESDA SEAL of Integrity criteria

shall be required to work on their areas for improvement before reapplying for the said Award.

11. The Regional Director shall issue an Eligibility Letter of Notification to the applicant-AC informing of their application status one (1) day after endorsement of the RRC.

12. The RBoJs shall deliberate on the application of the applicant-AC for TESDA SEAL of Integrity Award based on the criteria. If found meritorious, it shall be endorsed to the NBoJs through the TESDA Regional Office.

13. The National Validation of all applicant-ACs shall be conducted by a team of External Validators.

14. The NBoJs shall deliberate on the applicant-ACs endorsed by the External Validators and confer the TESDA SEAL of Integrity Award.

15. The National TESDA SEAL Secretariat shall gather feedback on the application process.

16. Awardees shall be given the TESDA SEAL of Integrity Award during the Awarding Ceremony.

IX. Major Requirements and Point Values

The following are the major requirements with their corresponding point values:

Requirement	Point Value
1. Governance and Management	**90**
1.1 The AC has clearly documented goals and objectives, governance arrangements and probity measures to meet the relevant Agency's requirements and legislation. It has the financial resources necessary for its operation.	10
1.2 The AC is formally accredited through a legally enforceable document.	10
1.3 The AC has competent staff to ensure efficient and effective operation of the Center	10

1.4 Financial Capability The AC has the financial resources necessary for its operation.	15
1.5 Financial reports for the last two years show stability to sustain its operation/facilities	15
1.6 The AC applies a proper Waste Management program through the implementation of waste reduction and recycling program	10
1.7 Good housekeeping is in place and implemented	10
1.8 Practice of 5s is evident in the implementation of the assessment.	10
2. Accountability	**90**
2.1 The AC monitors and evaluates its practices and performance against the Agency's set requirements and using client/stakeholder feedback. The AC has a system for self-assessment improvement of its performance and all its key functions.	20
2.2 The AC takes responsibility for the maintenance of its compliance with the quality standards.	30
2.3 Reports are submitted within the process cycle time (PCT).	20
2.4 The AC monitors and evaluates its assessment activities to ensure that their services meet stakeholders' and clients' needs.	20
3. Transparency	**110**
3.1 AC has complete information on its assessment activities. All documents and other reports are available upon inspection	10
3.2 Reports submitted are accurate and complete. No record of request for change in assessment reports.	30
3.3 Records management system is in place, implemented and documented. AC manages, disposes records in such a way as to ensure the integrity of the process and the confidentiality of the information.	10
3.4 AC makes public its assessment information and activities through website and other media platforms.	10

3.5 Surveillance mechanism e.g. security camera is installed and operational and accessible to TESDA during the conduct of assessment.	25
3.6 AC maintains roster of successful candidates.	5
3.7 The AC provides health and safety services to its clients. Such services are posted in the AC information board/area.	10
3.8 The AC implements safety and emergency preparedness plan posted in the AC information area/board.	10
4. Independence	**35**
4.1 The AC conducts their assessment services with impartiality, with avoidance of conflict of interests and ensures independence of decision making in assessment decisions	10
4.2 AC has a policy for ensuring data security and confidentiality on all information, assessment-related documents that are brought to the center.	10
4.3 AC adopts confidentiality measures in safekeeping and safeguarding the candidates' information and profile and the conduct of assessment and its results.	15
5. Confidence and Standards	**125**
5.1 The AC has processes and practices that ensure that services conducted by themselves meet the required standards and expectations.	30
5.2 The AC continually maintains the confidence of the stakeholders	15
5.3 The AC demonstrates consistency in the implementation of assessment in accordance with the PTCACS.	
5.3.1 Sampled assessors are able to explain the assessment process	10
5.3.2 The AC Manager is well versed and able to discuss his/her role as described in the operations manual for assessment centers	20
5.3.3. The processing officer is well versed and able to discuss his/her role as described in the operations manual for assessment centers	20

5.4 The AC has no unsettled complaints.	30
6. Continuous Improvement	**30**
6.1 The AC practices balance of compliance requirements to continuous improvement to address stakeholders and clients' needs.	30
7. Flexibility of Services	**20**
7.1 The AC implements procedures to minimize barriers to assessment services	20
GRAND TOTAL	**500**

The Self-Evaluation Instrument, with the evidence requirements, is attached herewith as **Annex B**.

X. Award Levels and Validity Period

There shall only be one TESDA SEAL of Integrity Award Level. However, meeting the indicated total weighted score shall merit a Commitment Status.

Level	Total Weighted Score	Award Validity
Commitment Status The AC should have demonstrated its serious commitment for improvement in order to achieve quality excellence in the conduct of assessment.	**350 – 450**	
TESDA SEAL of Integrity for Assessment Centers Meets standards substantially way above the threshold and no rating lower than 75% in any of the criterion.	**451 – 500**	**Three (3) years**

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XI. Renewal and Award Categories

The TESDA SEAL of Integrity Award shall be subjected to re-evaluation within one (1) month prior to expiration of the 3-year validity period; renewal of which shall conform to the following the procedures:

1. The eligibility criteria for the Award mentioned in Section V should have been complied first.

2. The National TESDA SEAL Secretariat shall notify the RRC six (6) months prior the actual expiration of the validity period of the TESDA SEAL of Integrity.

3. The procedures for the renewal of the TESDA SEAL of Integrity shall follow the Application Procedures in Section VIII.

XII. Awards and Incentives

1. Allocation Grants for Competency Assessment
   The TESDA SEAL of Integrity Awardee shall be provided with allocation grants for Competency Assessment based on absorptive capacity during the validity period of the award.

2. Program and AC Promotion Mechanism
   The TESDA SEAL of Integrity Awardee shall be recognized and receive prestige for their achievement in meeting the set criteria of the qualification thus attracting more candidates for assessment.

   TESDA shall strengthen its promotion and advocacy campaign of promoting the Accredited Assessment Center which had received the TESDA Seal of Integrity award by informing the public through social media and uploading in the TESDA Website and FB page.

3. The TESDA SEAL of Integrity Awardee shall be granted the autonomy to schedule and invite candidates for assessment.

4. Capability Building Program
   The TESDA SEAL of Integrity Awardee shall be provided with training programs related to enhance the institution's capability for quality assessment and certification systems and skills development.

5. Exemption from Compliance Audit
The TESDA SEAL of Integrity Awardee shall be exempted from Compliance Audit during the validity period of the award unless there is/are complaints received. However, the National TESDA SEAL Secretariat shall conduct surveillance/ monitoring for continuous improvement/development purposes.

6. The TESDA SEAL of Integrity Awardee shall be entitled to automatic reaccreditation of ALL the accredited qualifications covered/enrolled during the validity period of the award unless there is/are complaints received.

7. The AC may be deputized by the PO to conduct competency assessment without the need of a designated TESDA Representative.

8. Other incentives and awards shall be developed and recommended, subject to the approval of the TESDA Secretary/Director General.

XIII. Funding

Expenses for implementation of this Program shall be charged against the Certification Office and the Regional Offices for the respective activities.

Payment of honoraria and actual travelling expenses of the National Board of Judges and External Validators shall be charged against the Certification Office budget.

XIV. Sanctions and Penalties

The TESDA SEAL of Integrity Award, as well as its accreditation, shall be revoked after due process, in case of violation of the provision of this implementing guidelines consistent with the provisions on current guidelines on Sanctions and Penalties.

XV. Schedule of Implementation

The TESDA SEAL of Integrity for Assessment Centers shall be implemented annually with the following activities:

Conduct of Capability Building Program - Month 1
Submission of Application Documents - Month 4

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Activity	Schedule
1. Conduct of Capability Building Program for Applicants	Month 1
2. Submission of Application Documents	Month 4
3. Conduct of Validation (PO Level)	Month 5
4. Conduct of Validation (RRRC)	Month 6
5. Conduct of Capability Building/ Calibration for External Validators	Month 7
6. Conduct of National Validation	Month 8 to 9
7. Awarding of TESDA SEAL of Integrity	Month 10

This Circular takes effect as indicated and shall supersede TESDA Circular 008 series of 2021.

Wide dissemination of this Circular to all concerned is hereby enjoined.

DANILO P. CRUZ
Director General

ANNEX A

VALIDATION REPORT

I. INSTITUTION PROFILE	
Name of Assessment Center	
Address of Assessment Center	
For TTIs. Law to establish the Institution; For Private Institution, SEC Registration Number and Date of Registration	
Start Date of Operation as Assessment Center	
Vision Statement	
Mission Statement	
Goals/Aims	
Quality Policy	
Quality Objectives	
Staff Complement *Assessment Center Manager* *Processing Officer* *Liaison Officer* *Data Encoder* *Cashier* **Other Staff:** *Tool Keeper/Maintenance (Optional)*	
Total Area of Facilities	

II. LIST OF QUALIFICATION WITH ACCREDITATION BY TESDA

Title of Qualification	Accreditation Number	Date Accredited	Date of Expiry	Result of Compliance Audit (e.g., Compliant, Non-Compliant)

III. ORGANIZATIONAL CHART

IV. EXECUTIVE SUMMARY

V. STRENGTHS, AREAS FOR IMPROVEMENT, AND RECOMMENDATION

CRITERIA	STRENGTHS	AREAS FOR IMPROVEMENT	RECOMMENDATION
1. Governance and Management			
1.1. The AC has clearly documented goals and objectives, governance arrangements and probity measures to meet the relevant Agency's requirements and legislation. It has the financial resources necessary for its operation.			
1.2. The AC is formally accredited through a legally enforceable document.			
1.3. The AC has competent staff to ensure efficient and effective operation of the Center.			
1.4. The AC has the financial resources necessary for its operation.			
1.5. Financial reports for the last two years show stability to sustain its operation/facilities.			
1.6. Financial reports for the last two years show stability to sustain its operation/facilities.			
1.7. Good housekeeping is in place and implemented.			
1.8. Practice of 5s is evident in the implementation of the assessment.			
2. Accountability			

CRITERIA	STRENGTHS	AREAS FOR IMPROVEMENT	RECOMMENDATION
2.1. The AC monitors and evaluates its practices and performance against the Agency's set requirements and using client/stakeholder feedback. The AC has a system for self-assessment improvement of its performance and all its key functions.			
2.2. The AC takes responsibility for the maintenance of its compliance with the quality standards.			
2.3. Reports are submitted within the process cycle time (PCT).			
2.4. The AC monitors and evaluates its assessment activities to ensure that their services meet stakeholders' and clients' needs.			
3. Transparency			
3.1. AC has complete information on its assessment activities. All documents and other reports are available upon inspection.			
3.2. Reports submitted are accurate and complete. No record of request for change in assessment reports.			
3.3. Records management system is in place, implemented and documented. AC manages, disposes records in such a way as to ensure the integrity of the			

CRITERIA	STRENGTHS	AREAS FOR IMPROVEMENT	RECOMMENDATION
process and the confidentiality of the information.			
3.4. AC makes public its assessment information and activities through website and other media platforms.			
3.5. Surveillance mechanism e.g. security camera is installed and operational and accessible to TESDA during the conduct of assessment.			
3.6. AC maintains roster of successful candidates.			
3.7. The AC provides health and safety services to its clients. Such services are posted in the AC information board/area.			
3.8. The AC implements safety and emergency preparedness p an posted in the AC information area/board.			
4. Independence			
4.1. The AC conducts their assessment services with impartiality, with avoidance of conflict of interests and ensures independence of decision making in assessment decisions.			
4.2. AC has a policy for ensuring data security and confidentiality on all information, assessment-related documents that are brought to the center.			

CRITERIA	STRENGTHS	AREAS FOR IMPROVEMENT	RECOMMENDATION
4.3. AC adopts confidentiality measures in safekeeping and safeguarding the candidates' information and profile and the conduct of assessment and its results.			
5. Confidence and Standards			
5.1. The AC has processes and practices that ensure that services conducted by themselves meet the required standards and expectations.			
5.2. The AC continually maintains the confidence of the stakeholders.			
5.3. The AC demonstrates consistency in the implementation of assessment in accordance with the PTCACS.			
Sampled assessors are able to explain the assessment process			
The AC Manager is well versed and able to discuss his/her role as described in the operations manual for assessment centers			
The processing officer is well versed and able to discuss his/her role as described in the operations manual for assessment centers			
5.4. The AC has no unsettled complaints.			
6. Continuous Improvement			
6.1. The AC practices balance of compliance requirements to			

CRITERIA	STRENGTHS	AREAS FOR IMPROVEMENT	RECOMMENDATION
continuous improvement to address stakeholders and clients' needs.			
7. Flexibility of Services			
7.1. The AC implements procedures to minimize barriers to assessment services.			

ANNEX B

EVALUATION INSTRUMENT FOR THE TESDA SEAL OF INTEGRITY FOR ASSESSMENT CENTERS

Name of Accredited Assessment Center	
Address	

This guide shall be used by evaluators of TESDA Seal of Integrity Award to validate the scores in the self-assessment instrument of the applicant Assessment Center. It shall be accomplished on a per institution basis.

This Evaluator's Guide contains a table of specifications and the bodies of evidence required that must be attached by the applicant Assessment Center. The columns in the table are described as follows:

1. Requirement – is the standard that should be satisfied
2. Score — sets the points that will be earned for a given requirement
3. AC Self-Evaluation Score - score from the point of view of the Institution / AC
4. External evaluator's score -– is the validated score from the point of view of the external evaluator for the Award. It may also be used by the SRRC
5. Evidence Guide — defines or identifies the bodies of evidence required (qualitative and/or quantitative) to determine fulfilment of the requirement
6. Evidence — the document/tools/equipment/facilities required to be presented to show compliance to the requirement
7. Evaluator's Remarks/Comments — column provided for the evaluator's comments relative to the requirement

A Summary Table and Tally Sheet for all the Criteria is provided at the end to consolidate all the points earned relative to the indicators.

CRITERION 1. GOVERNANCE AND MANAGEMENT (90 points)				
1.1 The AC has clearly documented goals and objectives, governance arrangements and probity measures to meet the relevant Agency's requirements and legislation. It has the financial resources necessary for its operation.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
Goals and objectives of the AC are explicitly stated in two (2) relevant publications/documents of the 10 AC. The program objectives follow the SMART criteria	10			○ Institutional Development Plan/Business plan ○ Strategic plan ○ Annual Operational plan ○ Website and Newsletter indicating the AC goals and objectives ○ Visual representation of AC vision, mission, goals and objectives within the premises of the AC ○ Publications/Documents 1. Website 2. Posted in school/AC premises 3. Social Media official page 4. QMS manual 5. Others
Goals and objectives of the AC are explicitly stated 7 in one (1) relevant publication/document of the AC and follow the SMART criteria	7			
Goals and objectives of the AC are not explicitly stated in any relevant publication/document of the AC or in any of the programs	0			

CRITERION - 1. GOVERNANCE AND MANAGEMENT				
1.2 The AC is formally accredited through a legally enforceable document.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC has an updated Certificate of Accreditation per Qualification and a notarized 10 Certificate of Undertaking posted in a conspicuous place within the Center.	10			○ Certificate/s of Accreditation ○ Notarized Certificate of Undertaking
The AC has an updated Certificate of Accreditation per Qualification posted in a conspicuous place within the center.	5			
The AC has no updated Certificate of Accreditation per Qualification and a notarized Certificate of Undertaking.	0			

CRITERION - 1. GOVERNANCE AND MANAGEMENT				
1.3 The AC has competent staff to ensure efficient and effective operation of the Center.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC Manager, the Processing Officer and the staff are qualified in terms of experience **AND** training.	10			○ Employment Contract/Appointment ○ Certificate of Previous Employment ○ Training Certificates
The AC Manager, the Processing Officer and the staff are qualified in terms of experience **OR** training.	5			
The AC Manager, the Processing Officer and other staff have no experience and training.	0			

CRITERION - 1. GOVERNANCE AND MANAGEMENT				
Financial Capability **1.4 The AC has the financial resources necessary for its operation.**				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC has an annual program and budgeting plan with installed monitoring and evaluation system and with created feedback system for next plan.	15			○ Audited Financial Report/Statement for the last two (2) years ○ Internal Audit Reports ○ Program and Budgeting Plan ○ Annual/Operational Plan ○ Monitoring and Evaluation Report (with latest status of budget spending/availability) ○ Annual Report ○ Completion Report ○ Regulatory Requirements
The AC has an annual program and budgeting plan with installed monitoring and evaluation system.	10			
The AC has an annual program and budgeting plan and is implemented but not monitored.	5			
The AC has no annual program and budget plan.	0			

CRITERION - 1. GOVERNANCE AND MANAGEMENT				
1.5 Financial reports for the last two years show stability to sustain its operation/facilities				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC has Annual Financial Report that show income from all sources is greater than expenses.	15			○ Audited Financial Report/Statement for the last two (2) years ○ Financial Statement for Assessment activities for the last 2 years ○ Internal Audit Reports Program and Budgeting Plan ○ Annual/Operational Plan ○ Monitoring and Evaluation Report ○ Annual Report ○ Completion Report
The AC has Annual Financial Reports that show income from all sources is just equal to expenses.	10			
The AC has Annual Financial Reports that show income from all sources is lower than expenses.	5			
The AC has no Annual Financial Reports.	0			

CRITERION - 1. GOVERNANCE AND MANAGEMENT				
1.6 The AC applies a proper Waste Management program through the implementation of waste reduction and recycling program				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC has a mechanism on waste management, reduction, and recycling program that is fully implemented.	10			○ Adoption/Utilization of green technologies/practices i.e. company-wide waste management, cost-efficient power resources, etc. ▪ Solid Waste Management Plan ○ Environmental or resource conservation impact of green practices/technologies implemented ○ Implemented Innovations with greening impact ○ Use of biodegradable supplies and materials ○ Pictures of improvements/ innovations ○ Certificate of staff and personnel's attendance on any training program ○ Implemented mandatory Waste segregation/Management and Recycling Program
The AC has a mechanism on waste management, reduction, and recycling program that is partially implemented.	5			
The AC has no mechanism on waste management, reduction, and recycling program	0			

CRITERION - 1. GOVERNANCE AND MANAGEMENT				
1.7 Good housekeeping is in place and implemented				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
There is a maintenance plan of physical facilities, tools and equipment and the plan is fully implemented.	10			○ Maintenance plan Implementation and evaluation of the preventive maintenance mechanism of physical facilities ○ Evidence of plan implementation/status report ○ Maintenance schedule ○ Equipment maintenance and calibration schedule ○ Documented evidence of inspection, maintenance, repair, and calibration ○ Inventory of tools and equipment, and supplies and materials
There is a maintenance plan of physical facilities, tools and equipment but there is no evidence of actual deployment of the plan.	5			
There is no maintenance plan at all.	0			

CRITERION - 1. GOVERNANCE AND MANAGEMENT				
1.8 Practice of 5s is evident in the implementation of the assessment.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
There is an action plan for 5S and is fully implemented.	10			○ 5S posters ○ Signage ○ 5S implementation schedule ○ 5S orientation/ seminar attended ○ 5S checklist ○ 5S action plan
There is an action plan for 5S and is partially implemented.	5			
There is no action plan for 5S.	0			

CRITERION - 2. ACCOUNTABILITY (90 points)				
2.1 The AC monitors and evaluates its practices and performance against the Agency's set requirements and using client/stakeholder feedback. The AC has a system for self-assessment improvement of its performance and all its key functions.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC conducts internal quality audit and client feedback system to monitor and review its practices and performance, results of which are publicly shared.	20			○ Quality system maintenance schedule (included in institutional operational plan) ○ Reports and outcomes of Quality systems reviews/self-assessments ○ Results of Internal quality audit ○ Feedback from clients ○ Minutes of meeting ○ Assessment Center Compliance Audit Action Catalogue
The AC conducts internal quality audit and client feedback system to monitor and review its practices and performance. Results are not shared publicly.	10			
The AC does not have internal quality audit and client feedback system.	0			

CRITERION - 2. ACCOUNTABILITY				
2.2 The AC takes responsibility for the maintenance of its compliance with the quality standards.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC has complied 100% of the accountabilities set by TESDA.	30			1. Consistent implementation and evaluation of the Risk management plan. 2. Posting of citizen's charter and assessment fees for government training providers. 3. Posting of assessment fees* 4. Quality manual or equivalent 5. Compliance Audit Reports (internal and external)* 6. Maintenance Plan of facilities and equipment with inspection report 7. Schedule of Assessment submitted* 8. Post Assessment Reports encoded in T2MIS immediately after conduct of assessment* 9. Copies of Issued Official Receipts (ORs)* 10. Technical Inspection Report signed by the Technical Experts/RO/PO focal 11. Results of Annual Audit 12. Functional surveillance cameras* **must documents/requirements to be presented*
The AC has complied 75-99% of the accountabilities set by TESDA.	20			
The AC has complied 50-74% of the accountabilities set by TESDA.	10			
The AC has not complied with the minimum accountabilities set by TESDA.	0			

CRITERION - 2. ACCOUNTABILITY				
2.3 Reports are submitted within the process cycle time (PCT).				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC submitted 100% of reports on all qualifications assessed within the process cycle time for the last 2 years for all batches.	20			○ RWAC ○ T2MIS ○ TESDA/PO Certification of accurate and complete reports submitted
The AC submitted 80% of reports within the process cycle time for the last 2 years for all batches.	10			
The AC submitted below 80% of reports within the process cycle time for the last 2 years or 10 batches.	0			

CRITERION - 2. ACCOUNTABILITY				
2.4 The AC monitors and evaluates its assessment activities to ensure that their services meet stakeholders' and clients' needs.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
An evaluation procedure on the conduct of assessment is fully implemented. Actions are taken to address the results/finding of the evaluation.	20			○ Evaluation procedure developed by the AC ○ Summary and analysis of evaluation result ○ Documents showing preventive/corrective actions undertaken
There is evaluation procedure on the conduct of assessment being carried out. Results are processed and analyzed but no actions are taken to address the results/findings of the evaluation.	10			
No evaluation procedure instituted.	0			

CRITERION - 3. TRANSPARENCY (110 points)				
3.1 AC has complete information on its assessment activities. All documents and other reports are available upon inspection				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC has all the assessment documents and are available for inspection.	10			○ Operating procedures/work instruction/guidelines on records management. (Operating procedures should be in accordance with pertinent provisions of the Data Privacy Act) ○ Tools and equipment ○ Records management system ○ Assessment Documents • TESDA Circulars • Accreditation Certificate • Operations Manual • Candidate's Profiles • Attendance Sheets • RWAC stamp received by PO • Letter request re: conduct of assessment • Appointment of TESDA Representative • Appointment of Competency Assessor
The AC has some of the assessment documents and are available for inspection.	5			
The AC does not have any of the documents and reports on assessment and are not available upon inspection.	0			

CRITERION - 3. TRANSPARENCY				
3.2 Reports submitted are accurate and complete. No record of request for change in assessment reports.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC submitted 100% of reports that are complete and correct for the last 2 years for all batches with NO record of request for change in assessment reports.	30			○ RWAC provided by the Provincial Office ○ Report from the T2MIS on the request for correction ○ TESDA/PO Certification of accurate and complete reports submitted
The AC submitted 100% of reports that are complete and correct for the last 2 years for all batches with record of request for change in assessment reports.	15			
The AC submitted below 100% of reports that are complete and correct for the last 2 years for all batches even with no record of request for change in assessment reports.	0			

CRITERION - 3. TRANSPARENCY				
3.3 Records management system is in place, implemented and documented. AC manages, disposes records in such a way as to ensure the integrity of the process and the confidentiality of the information.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC has a system of maintaining and securing complete records ensuring the confidentiality of candidates' information and assessment results that is fully implemented. Records are disposed of based on AC's records management system.	10			○ Operating procedures/work instruction/guidelines on records management ○ Labelled cabinet for safekeeping documents ○ List of authorized personnel to access records ○ Security Access to records (if any) ○ Records • Copy of Attendance Sheets • RWAC stamp received by PO
The AC has a system of maintaining and securing complete records ensuring the confidentiality of candidates' information and assessment results that is partially implemented. Records are disposed of based on AC's records management system.	5			

The AC has **NO** system of maintaining, securing, and disposing records ensuring the confidentiality of candidates' information and assessment results.	0			• Copy of Letter of Designation of TESDA representative approved/signed by the PD • Copy of Appointment of assessor approved/signed by the PD

CRITERION - 3. TRANSPARENCY				
3.4 AC makes public its assessment information and activities through website and other media platforms.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC's information including assessment fees are posted/published in 3 or more relevant platforms to promote transparency and accountability.	10			○ Information available ▪ Assessment fees ▪ Organizational Chart ▪ Accredited qualifications and number of hours of assessment ○ Platforms ▪ Website ▪ Promotional materials ▪ Visual representation within the AC's premises
The AC's information are posted/published in 1-2 relevant platform to promote transparency and accountability	5			
The AC's information are not posted/published in any relevant platforms to promote transparency and accountability	0			
3.5 Surveillance mechanism e.g. security camera is installed and operational and accessible to TESDA during the conduct of assessment.				
The AC has surveillance mechanism (e.g. security cameras) installed throughout the center that is operational. Recorded assessment proceedings are accessible to TESDA when required.	25			○ Visible floor plan layouts and emergency pathways in the different areas ○ Random sampling on Surveillance recordings ○ Installed surveillance equipment (should have audio recordings per TC 084 s. 2020) ○ Sample recorded assessment proceedings
The AC has no surveillance mechanism (e.g. security cameras) installed throughout the center that is operational and accessible to TESDA during the conduct of assessment	0			

CRITERION - 3. TRANSPARENCY				
3.6 AC maintains roster of successful candidates.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC maintains an updated roster of its successful candidates for the last 2 years	5			○ RWAC ○ Attendance Sheet ○ List/Database of successful candidates
The AC maintains a roster of its successful candidates but is not regularly updated for the last 2 years	3			
The AC does not maintain an updated roster of its successful candidates	0			

CRITERION - 3. TRANSPARENCY				
3.7 The AC provides health and safety services to its clients. Such services are posted in the AC information board/area.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC has developed and maintained health and safety programs and is fully implemented	10			○ Health and Safety Procedures ○ Visible Signage ○ First aid kit/cabinet ○ Visual presentations of health tips and procedures as precautionary measures against the spread of communicable diseases ○ Sanitizers ○ Certificate of training on health and safety, use of safety devices and first aid procedures for the staff ○ Precautionary sanitation and disinfection of all areas
The AC has developed and maintained health and safety programs and is partially implemented.	5			
The AC has not developed and maintained health and safety programs.	0			

CRITERION - 3. TRANSPARENCY				
3.8 The AC implements safety and emergency preparedness p an posted in the AC information area/board.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC has developed and maintained a safety and emergency plan and is fully implemented.	10			○ Visible floor layout and emergency pathways in the different areas ○ Emergency plan ○ Visible Signage ○ Current and functional Fire extinguisher ○ Updated Fire safety certificate ○ Fire and Earthquake drill plan ○ Proper documentation of safety and emergency drills, and procedures ○ Consistent implementation and evaluation of the Risk Reduction Management program ○ Compliance certificate of regulatory laws e.g. building code
The AC has developed and maintained a safety and emergency plan and is partially implemented.	5			
The AC has not developed and maintained a safety and emergency plan.	0			

CRITERION - 4. INDEPENDENCE (35 points)				
4.1 The AC conducts their assessment services with impartiality, with avoidance of conflict of interests and ensures independence of decision making in assessment decisions				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC has policy on decision-making and conflict of interest and strictly implements assessment rules and methods according to Assessment Guide	10			○ AC policies and procedures ○ Interview of candidates and assessors ○ Feedback reports
The AC has no policy on decision-making and conflict of interest and does not strictly implement assessment rules and methods according to Assessment Guide	0			
4.2 AC has a policy for ensuring data security and confidentiality on all information, assessment-related documents that are brought to the center.				
The AC has policy for ensuring data security and confidentiality on all information, assessment-related documents that are brought to the center and strictly implements the system.	10			○ AC policies and procedures ○ Interview of candidates and assessors ○ Feedback reports
The AC has policy for ensuring data security and confidentiality on all information, assessment-related documents that are brought to the center but partially implements the system	5			
The AC has no policy for ensuring data security and confidentiality on all information, assessment-related documents that are brought to the center	0			

CRITERION 4. INDEPENDENCE				
4.3 AC adopts confidentiality measures in safekeeping and safeguarding the candidates' information and profile and the conduct of assessment and its results.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC keeps a manual on system of safeguarding confidentiality of conduct of assessment and its results and is fully implemented.	15			○ Institution / Company policy manual on safeguarding of conduct of assessment and its results. ○ Policy Manual should be in compliance with pertinent provisions of the Data Privacy Act 10173 ○ Accountable officers in the Institution / AC organizational chart ○ Monitoring reports /tracking reports for every conduct of assessment ○ Interview with selected candidates ○ Safekeeping location, lockers, protocol ○ Tracking system on opening/ issuance of documents, results
The AC does not have a manual on system. Of safeguarding confidentiality of conduct of assessment	0			

CRITERION - 5. CONFIDENCE AND STANDARDS (125 points)				
5.1 The AC has processes and practices that ensure that services conducted by themselves meet the required standards and expectations.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC has an established and mature Management System that conforms to the seven quality principles and is fully implemented	30			*Preferred Evidences:* o QMS certification from a 3rd party accrediting body o Documented procedures o Designation of personnel involved in QMS o Results of TNA and Training Effectiveness o ISO - Seven quality principles (Customer Focus, Leadership, Engagement of people, Process approach, Improvement, Evidenced Based Decision Making, and Relationship Management) *Mandatory Evidences:* o File 201 of personnel involved in QMS o Quality Policy o Quality Objectives o QMS Structure o Flow charts of core processes o Customer feedback mechanism and analysis *AC's core processes are applied/incorporated in the assessment implementation*
The AC has an established Management System that conforms to the seven quality principles and is partially implemented	24			
The AC has identified, documented, and fully implemented its core processes	18			
The AC has identified and documented some of its core processes and partially implemented.	12			
The AC has some documented processes that are fully implemented and tracked.	6			
The AC has no Quality Management System	0			

CRITERION - 5. CONFIDENCE AND STANDARDS				
5.2 The AC continually maintains the confidence of the stakeholders.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC has client satisfaction monitoring system and shows 95%-100% satisfaction for the last 2 years. Action is taken to address areas for improvement.	15			○ Report on client ○ Satisfaction ○ Customer feedback form ○ Analysis of Customer feedback results ○ Complaint Management — resolve complaints promptly and effectively ○ Documentation on actions taken ○ Minutes of Meeting
The AC has client satisfaction monitoring system and is regularly implemented but with no actions taken to address areas for improvement.	10			
The AC has client satisfaction system but is not implemented.	5			
The AC has no client satisfaction monitoring system in place.	0			

CRITERION - 5. CONFIDENCE AND STANDARDS				
5.3 The AC demonstrates consistency in the implementation of assessment in accordance with the PTCACS.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
5.3.1 Sampled assessors are able to explain the assessment process	10			○ RWAC stamp received by PO ○ Assessment results ○ Actual conduct records/reports ○ Interview with processing officer, assessment center manager, and assessor
Sampled assessors are able to explain the assessment process but is insufficient in scope.	5			
Sampled assessors are not able to explain the assessment process	0			
5.3.2 The AC Manager is well versed and able to discuss his/her role as described in the operations manual for assessment centers	20			
The AC Manager is partially aware and partially able to discuss his/her role as described in the operations manual for assessment centers	10			
The AC Manager is not aware and unable to discuss his/her role as described in the operations manual for assessment centers	0			

CRITERION - 5. CONFIDENCE AND STANDARDS				
5.3 The AC demonstrates consistency in the implementation of assessment in accordance with the PTCACS.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
5.3.3 The processing officer is well versed and able to discuss his/her role as described in the operations manual for assessment centers	20			○ RWAC stamp received by PO ○ Assessment results ○ Actual conduct records/reports ○ Interview with processing officer, assessment center manager, and assessor ○ No request for change in T2MIS
The processing officer is partially aware and partially able to discuss his/her role as described in the operations manual for assessment centers	10			
The processing officer is not aware and unable to discuss his/her role as described in the operations manual for assessment centers	0			

CRITERION - 5. CONFIDENCE AND STANDARDS				
5.4 The AC has no unsettled complaints.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC has not received any complaints for the last two (2) years.	30			○ Feedback request from T2MIS ○ Reported complaints from COROPO ○ Report on client satisfaction and dissatisfaction ○ Customer feedback form ○ Analysis of Customer feedback results ○ Complaint-Management resolve complaints promptly and effectively ○ Documentation on actions taken/resolved complaints
The AC has received complaints but 100% resolved based on AC procedures for the last two (2) years.	20			
Below 100% of complaints received have been addressed by the AC within the last two (2) years.	0			

CRITERION - 6. CONTINUOUS IMPROVEMENT (30 points)				
6.1 The AC practices balance of compliance requirements to continuous improvement to address stakeholders and clients' needs.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC utilizes the audit results (compliance and internal audit) for continuous quality improvement of its performance and all its key functions. All findings are addressed.	30			○ Compliance audit results ○ IQA results ○ Minutes of meetings ○ Audit Action Catalog ○ Action Plans ○ Evidences of improvements
The AC utilizes the audit results (compliance and internal audit) for continuous quality improvement of its performance and all its key functions. Findings are partially addressed.	15			
The AC complies with the findings noted in compliance and internal audits	5			

CRITERION - 7. FLEXIBILITY OF SERVICES (20 points)				
7.1 The AC implements procedures to minimize barriers to assessment services.				
Requirement	**Score**	**AC's Self-Evaluation Score**	**Evaluator's Score**	**Evidence/s**
The AC provides support to candidates with special needs thru provision of appropriate facilities (access ramps, hand rails, etc.) and adoption of reasonable adjustments (translation of questions to vernacular, etc.)	20			○ Policy on provision of reasonable adjustment to clients with special needs ○ Pictures ○ Assessor/TESDA Rep/AC Manager's Report/notes
The AC provides support to candidates with special needs thru adoption of reasonable adjustments (translation of questions to vernacular, etc.)	10			
The AC has no provision of support to candidates with special needs.	0			

ANNEX C

QUALITY MANAGEMENT SYSTEM
WRITE-UP

Prepare an evaluation summary report for the deployment of your institutions QMS. Use the following statements/questions as your guide in preparing the report.

I. Describe the procedure you went through to develop your ACs QMS. What is the scope of your QMS?

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II. Describe how the quality policy is communicated, understood and applied within the AC?

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_____
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III. Based on your quality objectives, what are your KPIs? Describe the frequency and the process followed to monitor the attainment of the KPIs.

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_____

IV. Describe all your procedures to monitor and evaluate the performance of the AC. How are the result of the evaluation used?

_____
_____
_____
_____
_____