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| TESDA-OP-CO-02-F07-AREV. No. 00-03/08/17 |

**REGIONAL CONSOLIDATED SUMMARY OF AUDITED PROGRAMS PER PROGRAM REGISTRATION REQUIREMENTS** **(Institution-Based Programs)** |
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| **Program Registration Requirements** | **Total No. of Programs Audited** | **No. of Compliant Programs** | **No. of Non-compliant Programs** |
| **A. Corporate and Administrative Documents** |   |   |   |
| Letter of Application |   |   |   |
| Special Law creating the institution (for public institution) |   |   |   |
| SEC Registration and General Information Sheet (GIS) |   |   |   |
| Articles of Incorporation |   |   |   |
| Proof of building ownership or Contract of lease |   |   |   |
| Current Fire Safety Certificate |   |   |   |
| **B. Curricular Requirements** |   |   |   |
| Competency-based Curriculum |   |   |   |
| Curriculum Design |   |   |   |
| Progress Chart |   |   |   |
| Modules of Instruction |   |   |   |
| Program Design  |   |   |   |
| Session Plan |   |   |   |
| List of Instructional Materials |   |   |   |
| Competency-based Learning Materials |   |   |   |
| Tools and Equipment |   |   |   |
| Maintenance Schedule |   |   |   |
| List of Physical Facilities and Off-Campus Physical Facilities |   |   |   |
| Shop Lay-out |   |   |   |
| **C. Faculty and Personnel** |   |   |   |
| List of officials, teaching and non-teaching staff |   |   |   |
| **D. Program Guidelines** |   |   |   |
| Schedule and Breakdown of Tuition and other fees |   |   |   |
| Entry Requirement |   |   |   |
| Rules of Attendance |   |   |   |
| **E. Support Services** |   |   |   |
| Health Service Facility |   |   |   |
| Record of students/trainees that availed of the health services |   |   |   |
| MOA with Health Service Provider |   |   |   |
| Career Guidance Services |   |   |   |
| **F. Other Requirements** |   |   |   |
| Signage |   |   |   |
| **TOTAL** |   |   |   |

**Prepared by: Approved by:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RO UTPRAS/Compliance Regional Director  Audit Focal PersonDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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